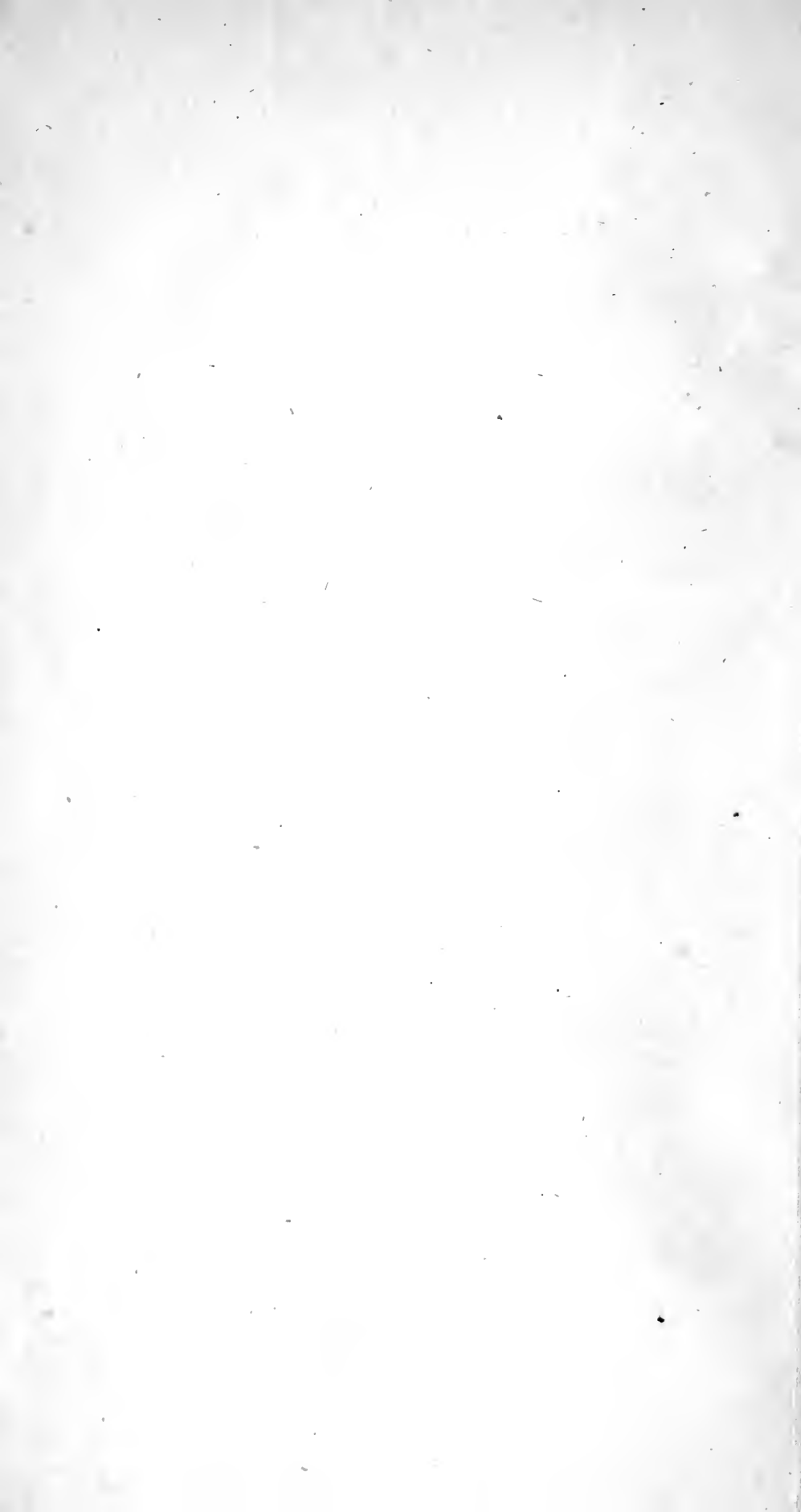




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C A S E S  
I N  
M I D W I F E R Y:

W I T H  
R E F E R E N C E S A N D R E M A R K S.

B Y  
W I L L I A M P E R F E C T, M. D.

O F  
W E S T - M A L L I N G, I N K E N T.

*Non quæ suggestit phantasæ imaginatricis temeritas, sed quæ phænomena præctica edocere.*

SYDENHAM.

V O L U M E F I R S T.

S E C O N D E D I T I O N, C O R R E C T E D A N D I M P R O V E D.

R O C H E S T E R:

P R I N T E D F O R T H E A U T H O R, B Y T. F I S H E R:

A N D S O L D B Y

J. Bew, Pater-noster-Row; and J. Murray, Fleet-Street, London, 1784.

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MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS,  
AND  
PRESIDENT OF THE MEDICAL SOCIETY OF  
LONDON;

MEMBER OF THE ROYAL MEDICAL SOCIETIES AT  
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ACADEMY OF SCIENCES AT MONTPELIER, &c.

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THESE CASES,

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AND WITH ALL DUE DEFERENCE,

INSCRIBED,

BY HIS GRATEFULLY OBLIGED,

AND MOST RESPECTFUL HUMBLE SERVANT,

WILLIAM PERFECT.

# P R E F A C E.

**T**H E Cases here offered to the Public, are the result of attentive observation, and of a long and pretty extensive Experience; they are a Collection of Facts, faithfully related, and as such, I hope, will be considered as an evidence of laudable industry; and, at the same time, prove useful, by the addition they bring to the Stock of Medical Truths: with this merit, if allowed me, I shall rest satisfied, and shall  
persist



## P R E F A C E.

persist with diligence and care, in completing the SECOND VOLUME ; which is already in the Press, and in great forwardness.

IT will be easily perceived, that I have been guided, and encouraged in my attempt, by the information I derived at first, from the Lectures of the late learned Doctor COLIN MACKENZIE, and afterwards, from my correspondence with that truly ingenious Gentleman, who died JANUARY 31, 1775. The whole of this correspondence is given in the present Work.

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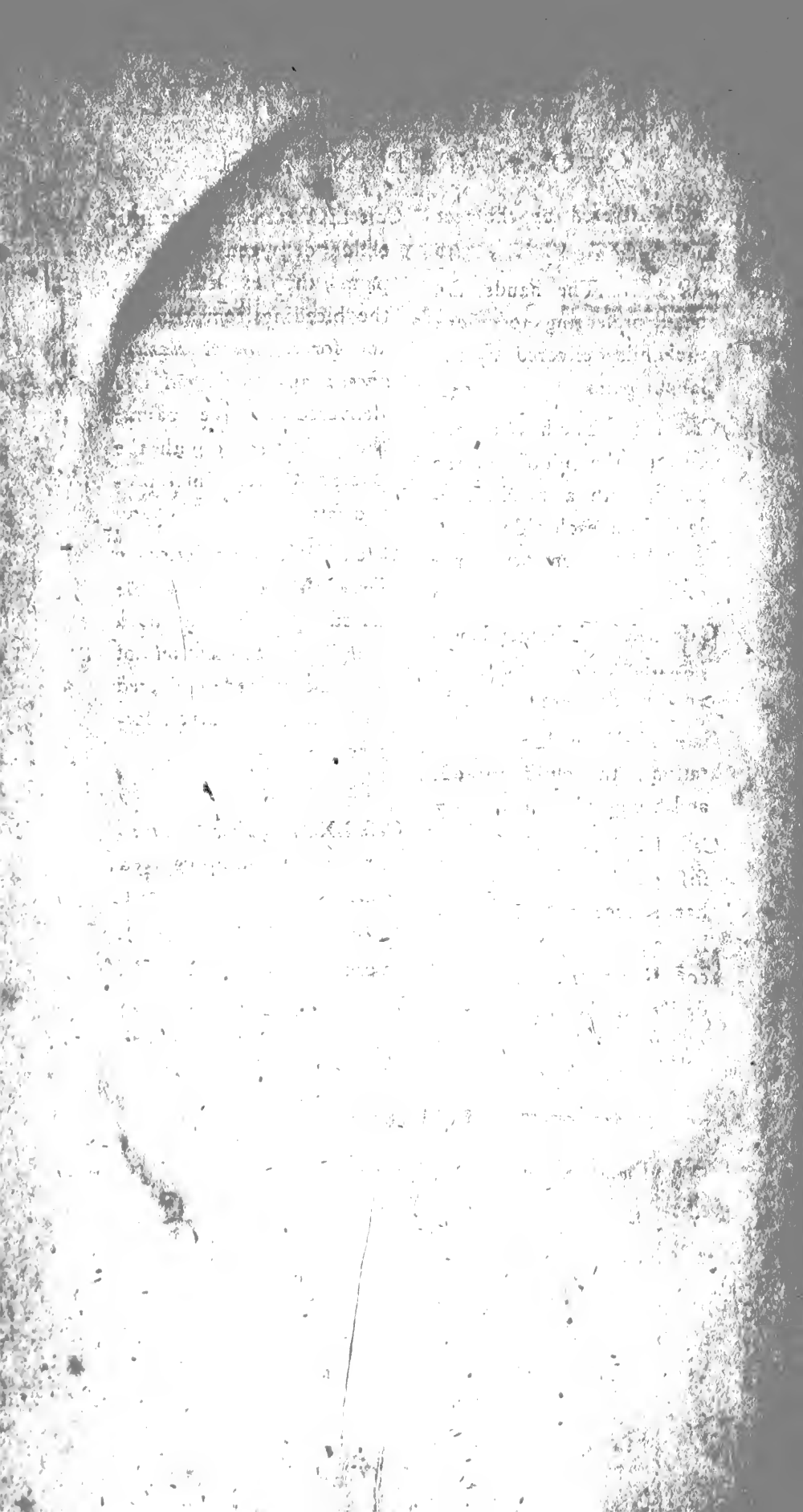
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Erratum. P. 93, l. 2, for 1769, read 1770.

CASES





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C A S E S

I N

M I D W I F E R Y.

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C A S E I.

E. G. A poor woman, was taken in labour of her second child about four o'clock in the morning, of the nineteenth of MAY, 1761; at seven I was sent for, and upon examination, found the *os externum* and contiguous parts much tumified, and disordered with the *lues venerea*, which she owned to have been

B

afflicted

afflicted with from the third month of her pregnancy; and, which had been attended with discharges of fetid matter, pain, dysury, and blotches on the surface of the body. The *os tinæ* was very high up, tense, and dilated to about the breadth of a silver penny; her pulse was weak; at times she ejected by vomit a quantity of porraceous phlegm, and appeared to labour under the most dreadful apprehensions, having been informed by some officious gossip, that women who were so unfortunate as to have the foul disease, when delivered, seldom survived their lying-in. 'Twas difficult to soothe her into a more comfortable opinion of her case: however, my consolations had some weight, and the horrors of her mind were, in a great measure, appeased — the pains were but trifling all through the day, and about ten at night the *os tinæ* was found little more dilated than in the morning. I exhibited an anodyne, and left her till six the next morning, when I was told that the pains had come stronger and faster,

but

but on examination I could find no difference in the state of the *os tincæ*. I waited with her till eight in the evening, when repeating the opiate, I again left her till one the next morning, and then received another call; the pains now recurred much faster, and the *os tincæ* was dilated to the breadth of a crown piece, the membranes protruded in a kind of bag, and between the pains I could plainly discover a presentation of the *vertex* about the middle of the *pelvis*: after waiting till near ten o'clock the next morning, and the pains being yet pretty strong, I began to imagine that the rigidity of the membranes might, probably, in some measure, retard the delivery; upon which, (the soft parts being sufficiently dilated) I ventured to rupture them with my fore finger, when the head almost instantaneously descended into the lower part of the *pelvis*, so as to protrude the external parts in form of a tumour, and, with a small pain, in a few minutes afterwards, was delivered: the child was much discoloured, appeared to have been long dead, and the lower jaw and left leg were

emaciated and putrid. After waiting near an hour for the expulsion of the *placenta* and gently waving the *funis* from side to side, it on a sudden gave way, and broke off, and presently after an hæmorrhage came on; when the woman reclining on her right side, I went up with my left hand, gained the edge of the cake, and with very little trouble delivered it whole; no extraordinary discharge ensued, the patient's strength was as good as could be expected, and her after pains very moderate. I ordered her a *diaphoretic mixture* with *syrupus c meconio*, with which she rested pretty well, perspired freely, and was the next day in every respect better than could have been imagined; but early in the following morning was seized with a profuse diarrhœa, which, notwithstanding my utmost care and attention to her unhappy situation, carried her off on the fifth day after her delivery.—I took an opportunity of relating the case to doctor MACKENZIE, who was of opinion that the *lues* had affected the *uterus*, and was the cause of her death.

MAURICEAU, obs. 23, p. 20. mentions the case of a young woman, who in the seventh month of her pregnancy was salivated for the *lues venerea*, and who spit near three quarts a day, and yet was happily delivered, at the full time, of a healthy child.

OBS. 71, p. 60. he avers to have seen a case similar to the former, only the patient was but two months and a half gone with child; the use of the warm bath was forbid, and the woman, at last, was safely delivered of a healthy child.

OBS. 100. p. 83. he recites a case similar to the former, with a remark, "that in all cases where a pregnant woman is infected with a *lues venerea*, it is safest and properest to salivate her in the earlier months of pregnancy, when the evacuation will less affect the *fœtus*.—Two other cases are also mentioned, but in one of them the patient had only a *gonorrhœa*, which, though not cured, did not affect the child; and, in the  
other

other case, the patient was only suspected of having the infection.

DR. SMELLIE, to whom the world is much obliged for his obstetric improvements, and many useful communications, and to whose mechanical plan, the art of MIDWIFERY will ever stand greatly indebted, in his first volume, p. 165. treating of the *gonorrhœa* and *lues venerea*, gives the following instructions: “ if the distemper has proceeded to an inveterate degree of the second infection, attended with cancerous ulcerations of the *pudenda*, buboes in the groin, ulcers in the nose and throat, so that the life of the patient or constitution of the parts is endangered, mercurials must be given, so as to raise a gentle salivation; which ought to be immediately restrained, and even carried off by mild purgatives, and renewed occasionally, according to the strength of the woman, until the virus be utterly discharged; here, however, a great deal must depend on the judgment and discretion of the prescriber, who, rather than propose any thing that might

might occasion abortion, ought to try, by **PAL-  
LIATING** medicines, to alleviate and keep under  
the symptoms till after delivery". In his second  
vol. no. 4. case the first, he treats of a poor wo-  
man who had the *lues*, " who was delivered  
of a child, which, at first, had no appearance of  
infection; but, in about eight days, the *scrotum*  
and *penis* began to swell, inflame, and break out  
in little ulcers; the whole body was soon co-  
vered with venereal blotches, and it was attacked  
by a cough, which destroyed it in three weeks  
after it was born. — The mother had ulcers in  
her throat, which grew worse and worse: in  
about a fortnight after her delivery her lungs  
were affected, a consumption ensued, and death  
was the consequence". — Immediately after the  
case are some observations, which tend to shew,  
that salivation is much safer in the first six or  
seven months of pregnancy, than afterwards.

DR. ROBERT WALLACE JOHNSON, in his system  
of MIDWIFERY, p. 138, speaks in a judicious  
and clear manner of the *lues venerea* in pregnant  
women,

women, recites, with accuracy, the diagnostics and prognostics attending them under that complaint, and points out the necessary regimen and cure, p. 138. He further adds, that when little or nothing has been done towards a cure, the child is often dead before its birth; but, if born alive, it seldom survives the month.

LAMOTTE, obs. 388. mentions the case of a lady, who not knowing her disorder to be any other than the *fluor albus*, he cured of a *gonorrhœa simplex*.

OBS. 389. & 390. the same author also gives us two other cases, in both which the women had the *lues*, but their husbands remained undiseased; from which he infers, that there must be a particular disposition before a person can contract the disease in an impure *coitus*. See the same author, p. 502. and CASES xi. and xxix. of this publication.



## C A S E II.

**M. C.** Aged thirty-one, in JULY, 1761, was taken with pains resembling those of labour, upon which a midwife was sent for, who hastily pronounced that she had gone her time, and was in labour; but after waiting many hours, and no signs of delivery appearing, her friends grew uneasy, and solicited my assistance. Upon examination, the *os tincæ* was found close shut, no mucus descended, and by paying proper attention to her pains, I observed they were chiefly confined to the abdomen, and did not recur at stated periods; on which account I declared them to be spurious, and that the labour was not begun. The pulse being full and hard, eight ounces of blood were taken away, and as she had not been at stool for three

C

days,

days, an emollient clyster was prepared and injected, from which she received great relief; but as her uneasiness was not entirely removed, I sent an opiate to take at bed time, and heard no more of her for a fortnight; she was then attacked with similar complaints, and relieved by the same means as before. Near a month afterwards, at three o'clock in the morning, I was again called to her; but now her pains were genuine, small, but regular, the mucus descended, and the *os tinæ* was beginning to dilate, but felt hard and rigid to the touch; the pulse was much depressed, and the patient greatly dejected. I ordered her some wine caudle, with a few drops of ELIXIR PAREGORICUM, and staid with her till nine in the evening, when finding her free from pain, and asleep, I left her: at six in the morning I received a message to attend her, and was told that her pains had been very strong and regular for three hours together, and that the waters had newly broke, which I found to be the case; and likewise, that the *os tinæ* was much dilated, and in time of pain, the *vertex*  
 pushed

pushed down into the *pelvis*, but receded as it went off. I gave the patient every encouragement in my power, having reason to believe the event would be speedy and favorable, but herein I was disappointed; for, although the pains still continued powerful, yet they were ineffectual for many hours, which surprized me the more, as the *uterus* had receded from the head of the child, which was not large. The woman had been used to good labours, and the *pelvis* was apparently well formed. About an hour before the child was delivered, the attendants were rather anxious and urgent for the delivery, but were satisfied with my assurances of there being no danger, and, that as the child presented fair, and the pains were good, they must, for the safety both of mother and child, be some time longer submitted to; which they were, and the woman, after having undergone uncommon severity of pain for the last seven hours, was delivered at four o'clock in the afternoon. The *funis* was four times circumvolutd about the neck of the *fœtus*, which came away together with the *placenta*. It was

some time before any signs of life appeared in the child, and not till it had bled from the *funis*, and been well rubbed with warm cloths. The patient complained of thirst and heat, and her pulse was much accelerated; a few grains of SAL NITRI were therefore exhibited in barley water, and repeated every five hours; a perspiration came on, the thirst and heat abated, the patient recovered, and has since had several children; with all of which I have attended her, without the least difficulty whatever.

IN the 19th collection of dr. SMELLIE'S CASES, vol. 2. no. 1. case 1. with a reference to table 9. is the case of a woman who was delivered of a dead child, about whose neck the *funis* was four times circumvoluted.

CASE II. of the same collection, exhibits an instance of the head's being retracted by the circumvolutions of the *funis* round the neck of the child. Several postures were adapted for the woman's delivery, but that between sitting and lying

lying was found to be the most commodious. The fingers were introduced into the *rectum*, and thereby the head prevented from being drawn up again after a pain; by which means it advanced farther and farther, and its delivery was assisted by raising the forehead upwards with an half round turn from the lower part of the *os externum*. — The hint of assisting in this manner was taken from OULD's treatise, published in the year 1742.

MR. ALEXANDER HAMILTON, in his elements of the practice of MIDWIFERY, affirms, "the *funis* to be sometimes faulty from its too great length, or the contrary". Thus he says, "the extraordinary length, by forming circumvolutions round the child's neck or body, sometimes proves the cause of protracting the labour; but as this can only happen when the *chord* is of an uncommon length, there is generally enough left to admit of the exit of the child with safety": and contradictory to the above practice received from OULD's treatise, he  
further

further observes, that “ the practice of introducing a finger *IN ANO*, to press back the *coccyx*, or to prevent the head, when it advances, from being retracted by circumvolutions of the *chord*, is now entirely laid aside; an expedient”, which he affirms, “ can answer no end but that of fretting and bruising the parts of the mother, and injuring those of the child”.

IN a treatise on the improvement of *MIDWIFERY*, by *MR. EDMUND CHAPMAN*, we find, that “ when the child is born as far as his shoulders, and the navel string appears to be twice twisted round its neck, he orders a woman to pass the scissars (carefully avoiding any hurt to the child) under one of the *INVOLUTIONS*, and cut the *STRING*, not suffering the child to advance any farther before this be done.

WHEREAS, *MR. HAMILTON* affirms “ it to be time enough, in general, after the child is born, to slip the noose over the shoulder or head”; and says, “ there is seldom occasion to divide  
the

the chord in the birth, a practice that may be attended with trouble and hazard.

THE late dr. BURTON, of YORK, in his essay on MIDWIFERY, relates two cases, where the *umbilical chord* hindered the birth of the child, by being so long, that it was near three times wrapped or twisted round the child's neck. In the first case the child was born dead, and in the second alive. He also shews, p. 177, another, in which, upon endeavouring to deliver footling, he found the *umbilical chord* twice twisted round the child's body; that it was very strong, and went betwixt the child's thighs: as it impeded his endeavours, and prevented the child from advancing in its delivery, he thought it necessary to rupture the *chord*, and the child was born immediately.

THE celebrated RUYSCH, p. 36, of his practical observations in SURGERY and MIDWIFERY, speaks of a *fœtus*, killed by a wonderful contortion of the *funiculus umbilicalis*, and thinks this disease proceeded from a more frequent turning

ing round of the *fœtus in utero*; and, that this was the cause of its death, by intercepting entirely the circulation of the blood through the vascular *rope*.

THERE are some remarks on this subject (the twisting of the *chord* about the neck of the *fœtus*) to be met with in different parts of LEVRET; and I find that he likewise quotes LA MOTTE, book ii. chap. 9.

I HAVE since met with several lingering labours, where there has been no unusual straitness, or any kind of impediment to be discovered in the *pelvis*, and the efforts of the women have been very powerful, yet ineffectual, occasioned by the neck being entangled in the *funis*.



## C A S E    I I I .

I N the month of AUGUST, 1761, I was sent for at the desire of a midwife, to assist a woman whose efforts of labour had been ineffectually violent for the last ten hours. The waters had broke soon after the beginning of the labour, and continued draining off in great quantities. The *os tinæ* was widely dilated, the woman's strength and spirits were pretty good, and the head of the child was below the brim of the *pelvis*, advancing when the pain came on, and receding as it went off. The midwife had treated her with much care and tenderness; but as she had been long confined to lying on her left side, I desired her posture might be altered, and that she would turn to the opposite one, in which situation she was soon delivered, when the *funis umbili-*

D

calis

*calis* appeared uncommonly short, and was turned once round the neck, which had doubtless been the principal impediment to the birth. Vide LAMOTTE, chap. 22. & chap. 9. observ. 119, 120, & 121.

BY practical observation, we shall find, I believe, that the shortness of the *funis umbilicalis* is much seldomer the cause of the head's retraction, betwixt each pain, than the circumvolutions of it about the neck; and, that when it does occur, the *placenta* is generally in more danger of being detached from the *uterus*, than in the other case.

## C A S E IV.

**I**N the beginning of the year 1762, I was desired to visit a woman who had undergone a lingering labour of five days and nights, and been attended by a midwife. It was about five o'clock in the evening, of the 2d of SEPTEMBER, when I came to this patient—I found the *os tinæ* greatly dilated, and the *cranium* presenting naturally with the *vertex*, but drawing back after the pains, which were but trifling, and seldom recurred. In this state I gave her an opiate, desired she might be kept quiet, and that I might be again sent for when the pains grew stronger, which was not till the evening of the next day, when I received another call, and had scarcely been in the room twenty minutes before she was delivered by the natural efforts of a

fine live child; the circumference of whose *funis* was but little less than two inches, and the length not quite ten.

MAURICEAU, obs. 406, gives an instance of his having delivered a woman of her first child, whose naval string was extremely short and as thick as its arm. The child had been dead several days before delivery. Several like cases are given by the same author, obs. 401. 549. 612. 640. 662. 687. HILDANUS obs. chirurg. cent. 2. & obs. 50. Vide LAMOTTE's obs. 229.

DR. BURTON, p. 144. mentions a remarkable case, in which the labour was retarded by the shortness of the *umbilical chord*, which he reached and ruptured to facilitate the delivery; and which he says was not above ten inches long, and of twice the thickness of his thumb, very hard in some places, and knotty, as it is commonly called. He also met with two other cases similar to this, in both which the chords were as short, but smaller.

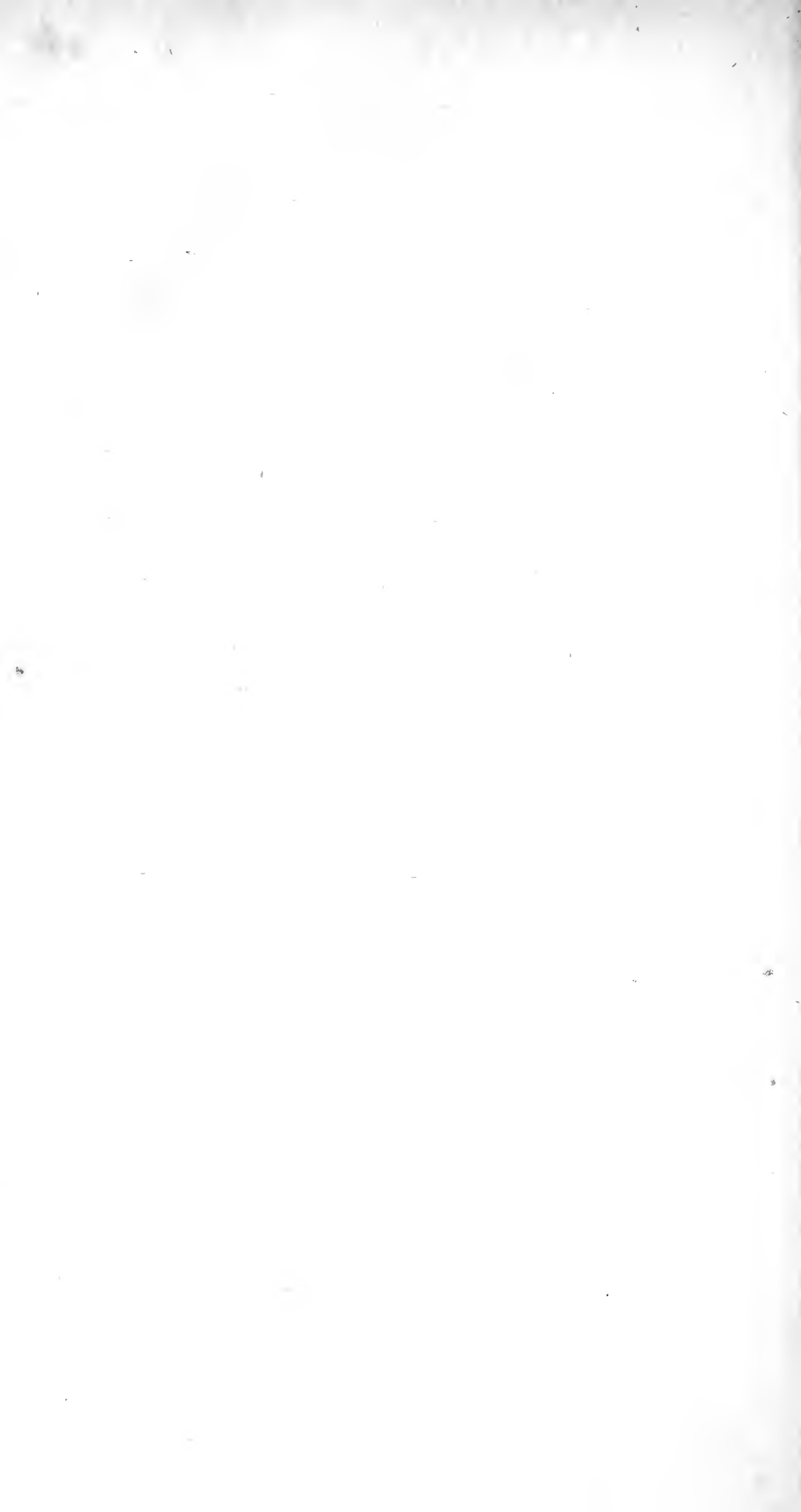
CASE

## CASE V.

ON the 24th of MARCH, 1762, my assistance was sought in regard to the *placenta* of a young woman, who had four hours before, without any extraordinary trouble, been delivered of a fine male child by a man-midwife, who, upon my coming into the chamber appeared much ruffled and uneasy, averring, that his skill had been called in question, and his practice much censured by the attendants, because he had not been able to deliver the *placenta*; I sympathized with him upon his situation, and begged we might use our joint endeavours to serve the patient: he had made many essays by pulling and gently waving the string, but to no purpose, and had once, he said, introduced his hand into the *vagina*, with a design to open the  
*uterus*

*uterus* and detach the *placenta* from its adhesion, but his proceeding was prevented by the cries of the woman. The women became very pressing that I should deliver the after-birth; but, for my own part, as the woman did not flood, I saw much less damage in its retention, than in passing up the hand for its extraction; but, however, in compliance with the request of the by-standers, I had the woman placed on her back, and with the utmost gentleness passed my hand, sufficiently lubricated through the *vagina* into the *uterus*, where finding the cake loose and disengaged, I slipped my fingers behind it, and grasping it firmly with much caution, extracted it whole and entire, and no disagreeable symptoms following, the woman did very well. Upon examining the *funis* and *placenta*, the former appeared to have been inserted in the very center of the latter; from whence, probably, might arise its unusual retention; at least, I have no less an authority, than RUYSCH's, to suppose it was so, as he has published a very curious case of the extraction of the *placenta*, being impeded by a particular  
 insertion

infertion of it into the *placenta*; in which he observes, that no writer has made mention of the CENTRAL infertion of the *funiculus* into the *placenta*, which is one of the chief objects to its easy extraction; for when the *funiculus* is inferted exactly into the center of the *placenta*, it generally separates from it with difficulty, in so much, that midwives are frequently obliged to wound such a *placenta* with their fore finger, in order to make it separate; whereas, if the *funiculus* was inferted either to one side or the other, the *placenta* would easily follow the *fœtus*: the reason of this is, the same as that of a round piece of leather, formed into a sucker, with a string in the center of it; for when that piece of leather is wetted and applied to a heavy stone, it will easily lift up a stone from the earth without being pulled off; but if the string is fastened to one side of the leather it will not be capable of producing that effect.





## C A S E VI.

**A. C.** Aged twenty-seven, during the latter months of gestation with her fifth child, complained of very great pains, insomuch that she could neither sit, lie, or stand, without particular uneasiness; bleeding was used, and opiates frequently referred to, but neither eased her long together: by undergoing such wearisome and almost incessant pains her strength was much diminished, and she suffered great anxiety of mind. In the morning of the 14th of AUGUST, 1762. she had pains which were taken for those of labour; in consequence whereof I was called, and upon examination could not discover the *ostinæ*, a circumstance, which having never met with before, surprized me very much. I re-

E quested

requested she might alter her posture, and suffer me to touch her again; but being averse to either, and very fretful, I left her, after exhibiting an opiate, and assuring her that I would wait on her again as soon as sent for. She dozed through most part of the day, and in the evening, being much refreshed, walked about, and seemed easier than she had been for many days before. The following night she was again taken with pains; and even now, upon searching, I was not able to find the *os tinæ*, and therefore still remained ignorant of the true state of the labour—she was very peevish and low-spirited; and whenever the pains recurred, complained of an uncommon pushing against her sides, which gave me the idea of a CROSS BIRTH, and made me extremely anxious to discover the situation of the *os tinæ* and presentation of the *fœtus*. After waiting some time I obtained leave to touch her, when taking advantage of her permission, I gradually passed my whole hand, lubricated with *axungia*, up the *vagina*, and with my fore finger searched for, and disco-

discovered the *os tinæ* to the left side, very high up and open to a great breadth: on pressing my fingers in a conical form, I gently proceeded through it and felt something soft, which I then imagined to be the BREECH of the child; but as I was not certain, my hand being much cramped, and the patient terrified, I was obliged to defer all further search for the present, and withdrew it, declaring in private to the assistants that the child did not present right, and that the labour would be attended with some difficulty. The pains following pretty quick and fast, I touched her again, passed my hand as before, and found the belly of the child distinguishable by the insertion of the *funis* at the navel. As she was placed on her right side upon the bed, I went up gently for the feet, which were close together doubled over the breast, and taking hold of them with my hand, with great care and circumspection brought them down into the *vagina*, and delivered them: the patient was then turned and placed on her back, and her hips being elevated

higher than her head, with her legs hanging down, and supported by assistants — I seated myself in a low chair betwixt them; and, taking hold of the legs, delivered to the breech, when passing up my finger I found the belly of the child to the back of its mother, and immediately delivered to the shoulders; then introducing my fore finger between the child's shoulder and the *pubis* of the woman, and flipping it down to the right arm, with a half-round turn delivered it; in the same manner I gained the left arm; then hooking the neck with the two first fingers of my right hand, and sliding the whole of my left up to the child's face, by gently pulling and waving both hands at the same time from side to side, with little difficulty I delivered the head. The child was alive and unhurt; but by way of caution I suffered it to bleed from the *funis*, to the quantity of a tea cup full, and directed its being bathed with warm milk and water before it was dressed.

DIONIS remarks, that when the child presents with the belly or breast foremost, the two situations are much the same, and equally dangerous, for THE NAVEL STRING IN BOTH, NEVER FAILS TO COME FORTH; and the back bone, which can by no means be bent backwards, is so press'd that the child is rack'd with pain, and must needs die, if it is not speedily relieved.

MR. PUGH, page 102, chap. 18. speaking of children lying across in the womb, and presenting with the belly or breast, remarks, that " a child cannot well present in a more dangerous posture than this, for the *vertebræ* are bent backwards, in such a manner, that the feet and back of the head meet together at the bottom of the womb; in which case, by the force of the pains, the *vertebræ* are in danger of being strained to a great degree: in this kind of labour, the mouth of the womb seldom dilates much, notwithstanding the strongest pains; the reason is very plain, because, in this posture, the parts cannot come so low to press upon it: whereas, in any other situation,

situation, the part near the orifice will press more or less, in some measure, to cause dilatation". And in all the different species of preternatural parturition, there is no posture, I believe, in which the child is more exposed to danger.

DR. JOHNSON affirms it to be the worst position that can happen to the child, especially if it is bended backwards till the *occiput* and head come nearly together, the spine being thereby not only most unnaturally strained, but the viscera of the whole trunk also. Vide PORTAL's observ. 13, p. 59. MAURICEAU, p. 210. DAVENTER, p. 182. and LAMOTTE, chap. 29. obs. 280.

THERE are instances of presentations of the belly of the child, in almost every other author who has wrote on the subject of MIDWIFERY; in the generality of which, the *funis* is said to have more or less prolapsed into the *vagina*, and in some cases even beyond the *os externum*; but in the above case it did not prolapse in the least before the delivery.

CASES

## CASES VII. and VIII.

COMMUNICATED

IN LETTERS TO THE LATE  
DR. COLIN MACKENZIE.

“ MALLING, SEPTEMBER 25, 1762.

“ DEAR SIR,

“ **I**T may probably give you some  
“ satisfaction to hear of my success in the TWIN  
“ CASE OF ELEANOR EMMERSON, a poor travelling  
“ woman, to whose assistance I was called by a  
“ neighbour, who had found her in labour in a  
“ barn near this place. She informed me that she  
“ had borne several children, but never been so  
“ big with any one as she was now; that she had  
“ felt motions in different parts of her belly,  
“ frequently

‘ frequently had small pains, and was exceedingly  
 “ weak and low for want of nourishment, of which  
 “ she had tasted no kind for the last twelve hours ;  
 “ I touched her as she lay upon her side, and found  
 “ the *os tinæ* high up and very little dilated. As  
 “ she was wretchedly poor, and in a most low and  
 “ dejected condition, my first step was to procure  
 “ her some warm caudle and a few necessaries,  
 “ which the exigency of her case seemed to require  
 “ at the hand of humanity. She took plentifully of  
 “ broth and caudle between the pains, which in  
 “ about an hour after my second visit became very  
 “ sharp and strong, and the membranes unexpect-  
 “ edly breaking, I searched and found the *os tinæ*  
 “ considerably dilated, and a BREECH presentation,  
 “ which I submitted to nature till the child was ad-  
 “ vanced as far as the *thorax*, when I gently laid  
 “ hold of the feet and brought them down, and the  
 “ child being very small the other parts followed  
 “ without difficulty. After waiting some time for  
 “ the *placenta*, and the pains continuing nearly as  
 “ strong as before the child was born, I entertained  
 “ some suspicion of another child, and applying  
 “ my



“ my hand externally on the abdomen discovered  
 “ a tumor much too large for the *uterus* only ;  
 “ after tying the *funis*, and passing my hand thro’  
 “ the *vagina*, I discovered the face of a second  
 “ child below the brim of the *pelvis*. I acquainted  
 “ the woman there was another child, and encou-  
 “ raged her to make the most of her pains,  
 “ which she did for near an hour and three  
 “ quarters, when finding the head pretty low down,  
 “ and perceiving her extremely faint, much fa-  
 “ tigated, and beginning to flood, without the  
 “ least hesitation I had recourse to the forceps,  
 “ by which means she was safely delivered of the  
 “ remaining child. The *placentas*, by gently  
 “ pulling at both *chords*, easily separated from  
 “ the *uterus*, and were delivered without any  
 “ trouble in a few minutes after the birth of the  
 “ second child: they adhered so closely together,  
 “ as to appear almost one compact body, with  
 “ two distinct *chords*, one of which was *bifurcated*  
 “ to the length of two inches and three quarters  
 “ next to its insertion in the *placenta*. As I  
 “ formed an idea of the situation of the *fœti in*

“ *utero*, I have taken the liberty to offer you a  
 “ delineation of the same; as it is my first essay  
 “ in this way, its incorrectness will, I hope, ap-  
 “ pear venial.

“ I am, &c.”

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## THE ANSWER.

“ DEAR SIR,

“ **T**HE case was very curious and  
 “ extraordinary indeed, and the delineation inge-  
 “ nious enough. I shall be much obliged to  
 “ you, if you will inform me how long the waters  
 “ broke before the birth of the first child, to  
 “ what part the ears of the second child were,  
 “ how high up, &c. It will always be a pleasure  
 “ to me to hear of your success, and prove  
 “ myself, &c.”

“ P. S.

“ P. S. It were pity you did not preserve  
 “ the *bifurcated funis*, as it was a most extra-  
 “ ordinary appearance, and what I never yet  
 “ met with: in using the forceps I have not a  
 “ doubt of your care; but you will do well to  
 “ remember the rules for their application, which  
 “ are laid down by SMELLIE; and are truly the  
 “ most valuable parts of his book.”

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“ DEAR SIR,

“ **A**GREEABLE to your request,  
 “ I inform you, that the waters were evacuated  
 “ about half an hour before the birth of the  
 “ first child. I need not again mention the  
 “ means of my discovering the second; the face  
 “ of which presented below the brim of the *pel-*  
 “ *vis*, with one ear to the *pubes*, and the other  
 “ to the *sacrum*; when finding matters as descri-  
 “ bed in my former letter, I caused the woman

“ to be placed upon her back, with her hips  
 “ something higher than her head, fixed the for-  
 “ ceps, and waiting for a pain, pushed the head  
 “ up and turned the face into the hollow of the  
 “ *sacrum*, and by gently pulling it half round  
 “ upwards, delivered it without the least injury  
 “ to the *os externum* or *perinæum*. I have descri-  
 “ bed the case as circumstantially as it is in my  
 “ power to recollect; and shall, in future, ob-  
 “ serve the directions you gave me, when under  
 “ your pupillage, of keeping a journal of my  
 “ practice in MIDWIFERY. The woman and chil-  
 “ dren are at present very hearty. — Since this  
 “ TWIN CASE, on the twentieth instant, I deli-  
 “ vered a woman, who had been in labour  
 “ three days before I was sent to, and whom I  
 “ found flooding very fast; the pains were much  
 “ weaker than they had been, the *os tincæ* was  
 “ sufficiently dilated, and the membranes pushed  
 “ down, and felt very rigid, which induced me  
 “ to rupture them: when the child’s head, which  
 “ had before continued higher than the brim of  
 “ the *pelvis* immediately fell down to the *os exter-*

“ *num*,

“ *num*, and was easily delivered by the next flight  
 “ pain; the *placenta* soon followed, without any  
 “ difficulty, and the flooding was stopped by  
 “ the contraction of the *uterus*. This is the  
 “ fourth day since her delivery, and her child  
 “ and self continue in a fair way of recovery.

“ I am, &c.”

---

THE doctor in his reply to this second letter, entirely approved of the manner in which I had proceeded.

ON consulting our best writers on MIDWIFERY, I find that CHAPMAN, page 110. speaks of two women whom he delivered of TWINS: and in p. 136. of a woman who had spurious pains, which were put off for the space of eight days, when she was happily delivered of TWINS: again, p. 164. of a woman delivered of TWINS; the first presenting

presenting with the head, and bearing upon the *os pubis*, was extracted by turning: also, p. 167. of a woman delivered of female TWINS, the first of which was brought away by the forceps: and p. 168. of a TWIN CASE, in which he delivered a gentlewoman of her second child which had been long dead, the other child was born near two days before; the *funis*, with a hand and foot offered, and he delivered footling.

GIFFARD, p. 205. mentions a delivery of TWINS, the first sticking at the head, which was protruded into the *vagina*, and could pass no farther; and the second was delivered by the feet: and in p. 264. a delivery of TWINS, one of which presented with a hand before the head: also, p. 306. a delivery of TWINS, one born before he got to the patient, and the other presenting with one foot: likewise, p. 332. a delivery of TWINS, one came with the head foremost but stuck in the passage, the other presented a hand: also, p. 361. a delivery of TWINS, about seven months old: and in p. 371. a delivery of TWINS, a  
girl

girl and boy; the girl was delivered by a natural birth twenty-four hours before the boy, who presented with one hand and one foot: also, p. 384.

a TWIN CASE, where the first child was delivered with the labour pains, and the second with the forceps: also, p. 385. TWINS, the first child

presented with the *fontanelle*; but the membranes of the second were pushed down before the membranes of the first: also, p. 386. both children

presented in a natural way, the first child delivered with the labour pains, the second turned and brought footling: also, p. 388. two children pre-

sented together, one with the head, and the other with the feet: also, p. 389. both children presented with the breech, and were each deli-

vered by the labour pains: also, p. 390. the first child presented with the arm, the second with the head, which were both brought foot-

ling: also, p. 392. both children presented wrong and were brought footling: and, p. 403. the

same celebrated author mentions a delivery of TWINS, which occurred to him, where the first presented with the head, the second was inclosed  
in

in its membranes and lay high up in the *uterus*.  
 Vide LAMOTTE, chap. 23. observ. 168, 169,  
 170, 171. also, chap. 36. observ. 296.

DR. BURTON, observ. 3. presents us with a  
 TWIN CASE, where the mother had been delivered  
 of one child nine hours before he got to her,  
 when he soon delivered her of a second.

A CASE is given by PORTAL, observ. 8. of the  
 delivery of TWINS, one having its right thigh  
 cross the left, and the other its feet strait, both  
 of which he delivered footling: also, observ. 9.  
 he describes another case concerning the delivery  
 of TWINS; wherein both children were delivered  
 in like manner as before: observ. 40. we find a  
 third delivery of TWINS, one of them in a natu-  
 ral, and the other in an unnatural position: also,  
 observ. 70. the same author relates the case of a  
 lady who had TWINS, one presenting with the  
*nates*, and the other with one eye foremost; the  
 first he delivered footling, and the second was  
 delivered by the natural efforts: and observ. 74.

he



he imparts the case of a dropfical woman big with TWINS, one of which came to its perfection, presented with the *nates*, and was delivered footling; and the other piece meals, with his hand, it being putrified in its membranes, and supposed to have died between the fourth and fifth month.

DR. EXTON has inserted a TWIN CASE, p. 84. wherein he was sent for to deliver a poor woman of a second child, which he found presenting with the arm, the *cuticle* of which giving way to the touch, and coming off on his finger, he concluded the child to be dead; and returning the arm, delivered it footling.

IN collection 37. vol. 3. of dr. SMELLIE'S MID-WIFERY CASES, he speaks of a TWIN CASE, where the first child presented with the *fontanel*, but the membranes of the second were pushed down before the membranes of the first; both children presented with the head: and likewise of another case, where the child was delivered with the

G

labour

labour pains; and the second, being larger, with the forceps: he also mentions a third case, where both children presented in the natural way; the first delivered with the labour pains, the second turned and brought footling: another, where two children presented together; one with the head, and the other with the feet: another, where both children presented with the breech, and were each delivered by the labour pains: another, where the first child presented with the arm, the second with the head; both brought footling: and a seventh case, where both children presented wrong, and were brought footling.

THE rigidity of the membranes, as in my last mentioned case, will sometimes be found to occasion a tedious labour; yet much precaution is necessary, and the head of the child should be sufficiently low before we venture to rupture them; for, in the course of my practice, I have more than once experienced many inconveniences arising from the officious dexterity of the  
woman

woman practitioner, in procuring a premature discharge of the waters.

IN tedious labours, from the rigidity of the membranes, when pushed down, or not, with the waters, see SMELLIE, vol. ii. collect. 15.



## C A S E IX.

ON the 29th of DECEMBER, 1762. I was sent for to a woman, the wife of a gentleman's coachman, at MEREWORTH, in this county, who had been delivered of one child early in the morning of the twenty-third day of the same month, and been pretty free from pains from the time of her delivery, till within a few hours of my being called—as the *placenta* of the first child came away without difficulty in the usual time, no remaining child was suspected by the midwife. I laid my hand upon the woman's *abdomen*, and plainly perceived a size and hardness thereof, which confirmed me in the opinion of a second child. I searched her in time of a pain, and  
found

found the membranes broke, the *vertex* presenting, and the pains so very strong, that the child was delivered by their efforts only, in half an hour after I entered the room.

IN the memoirs of the academy at PARIS, 1727, page 15. 20, 21. is an account of two children delivered eight days after one another.

THE continuance of labour pains, after the birth of one child, is generally supposed to indicate a second; but by the above case, that criterion is found to be very uncertain. As this woman had an intervention, of almost six days, before there was any material recurrence of pains. The surest and most infallible determinations in such cases, I should suppose, is the application of the hand externally on the *abdomen*; or, the finger and hand, if necessary, introduced into the *uterus*. This rule, however, is not always infallible; for a very judicious practitioner (MR. JOHN AIKIN) in the EDINBURGH med. comm. vol. ii. relates the history of a case, in which he himself mistook a  
tumour

*tumour* in the *abdomen* for a second child. This *tumour* soon after spontaneously disappeared. A similar case, we are told, occurred, several years ago, to an accoucheur, of eminent skill and experience at WARRINGTON.

CASE





C A S E X.

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

“ 10 DECEMBER, 1762.

“ DEAR SIR,

“ **E**ARLY yesterday morning I was  
“ applied to for assistance, in a case, where the  
“ wife of a tradesman, in this neighbourhood,  
“ had been in labour four days and nights, and  
“ was the whole time attended by a woman mid-  
“ wife, who acquainted me, that” ‘ the waters  
‘ had broke and gone off two days before; and,  
‘ that the child, which was before out of reach,  
‘ had then come very low down, and offered,  
H ‘ she

' she believed, with its face for the world, as she  
 ' could distinctly feel its mouth with her finger.'  
 " The patient was in better spirits, than from the  
 " length of her labour might have been expected.  
 " She had a pain—I touch'd her, and was sure  
 " of a BREECH presentation, both by the feel,  
 " and the *meconium* which followed the search,  
 " and tinged my finger. The pains were strong  
 " and powerful, and in about two hours deli-  
 " vered the child as far as the thorax, when I  
 " carefully brought down the feet; with little  
 " difficulty effected the mechanical turns to be  
 " observed in footling cases, and delivered the  
 " woman; but was surprized to find the *placenta*  
 " and child come together; it was very languid,  
 " and breathed weakly, which induced me not  
 " to divide the *funis*, but to place the *placenta* in  
 " a basin of warm water to promote the circula-  
 " tion, till the child should gather strength;  
 " which answered to my wishes; and, in about  
 " an hour after its birth I separated the *funis*,  
 " and the child is at present likely to survive.

" I am, with much esteem, &c."

THE

## THE ANSWER.

“ DEAR SIR,

“ **Y**OU did right in leaving the  
 “ delivery to nature, whose efforts, in such cases,  
 “ are generally decisive, and should be submitted  
 “ to—a child is always less exposed to suffer  
 “ when it advances naturally; but should dan-  
 “ gerous symptoms, such as convulsions, flood-  
 “ ings, &c. ensue, it may be necessary to expe-  
 “ dite the delivery. I think, 'tis MAURICEAU  
 “ who inculcates a like doctrine. 'The attention  
 “ you gave the child deserves commendation;  
 “ and believe me,

“ Very respectfully, &c.”

CHAPMAN, p. 171. relates the delivery of two women, in whom the *nates* offered, one was a small child, and far advanced; he slipped his fingers into the groin, and by assisting in the pains, which were quick and strong, delivered her at the third pain; the other child, which was larger, and not so far advanced, after placing the woman in a proper posture, he delivered footling.

THE following cases are from GIFFARD, p. 14. he gives one of the *nates* presenting; in which after waiting a considerable time, and not being able to ascend far enough with his fingers to be of service, he passed a blunt hook over the upper part of the thigh, and after several essays, drew it out to the hips; when getting out both legs, he proceeded to the full delivery: page 100. he has another case, where the left buttock presented; and not being able, with the fore finger of each hand, placed on each side of the thigh near the groin, to draw out the feet, he succeeded by putting a soft string over the end of his finger, and getting that up on one side over the thigh, and a  
finger

finger on the other side, he drew the string out, and fixing it close up to the hips and groin, he took hold of the ends that hung out, and advising the woman at the same time to press strongly down; by this method he extracted the hips and legs: page 224. the same author describes a delivery, in which the child presented with the *nates*, and was delivered footling: p. 392. he also gives a case of a *nates* presentation, where he passed his fore finger into the child's groin, and there bending it, he endeavoured to bring the hip downwards; by which method, and the woman's forcing down, he found that the child advanced, and after three or four pains brought out both buttocks, and then extricated the legs and thighs: and p. 503. he speaks of two deliveries, where each child presented with the buttocks, the *funis umbilicalis* of the first child being slipped down into the *vagina*—as he found it impossible to return the *funis*, he thought it requisite to hasten the delivery; he passed up one finger over the upper part of the thigh into the groin, and there bending it, endeavoured to draw the

the

the hip outwards, at the same time advising the woman to assist by bearing strongly down; by this method he found the hip to advance, so that he was able to pass the fore finger of his other hand up on the opposite side, and taking care not to dislocate the hip, or break the thigh bone, soon brought out one buttock, disengaged the other, drew the body forwards to the shoulder, and delivered the head as usual.

DR. PUGH speaking of the presentation of the *nates*, observes, "that if you cannot succeed in the delivery with your hand, it is the opinion of some authors, that you must introduce blunt hooks instead of your fingers; which method he very judiciously reprobates as a practice capable of doing much mischief; having been so happy as to meet with no labour of this kind, but where he succeeded with his hands." Vide LA MOTTE, *obf.* 281. & 282. and PORTAL, *obf.* 1. & 11.

DR. BURTON has given a case, where he was sent for to a person, who they said had got a very hard swelling at the pit of her stomach, and could not lie down. At his arrival, he found the child's head (the woman being within a month of her reckoning) as high as the *processus ensiformis*, projecting very much outwards. The woman vomited frequently, especially if she eat any thing solid, although no bigger than a walnut; wherefore he ordered her to take no kind of food but spoon meats, and a gentle opiate for two or three nights; after which she continued to the end of her term, having only now and then a slight puking, or provocation to vomit; he told her friends that as the child's head was so high up, and so strongly compress'd, he did imagine the woman would have a preternatural labour, because there was not room for the child to turn with its head downwards; which accordingly happened as he had prognosticated: when he was sent for to deliver her, the child presented with its buttocks; he soon got the feet, and brought forth a lusty living child.

WHAT follows is from SMELLIE, vol. 3. p. 73. he mentions a case where the *nates* presented, and he effected the delivery with much difficulty with his hands only: p. 75. of the same volume, he describes another case wherein the breech presented, and the head was delivered according to DAVENTER'S method: p. 77. we meet with a breech case from dr. TATHWELL, of STAMFORD, in which the child was dead, and delivered footling by the hands: p. 78. the breech presenting; the thighs to the *ischium* low down and turned to the *pubis*; the child extracted by the hands: p. 80. the breech presenting, and the thighs to the *pubis*; the delivery effected by the hands: p. 84. a case of the breech presenting, and the delivery assisted with the curve at the handle of the blunt hook, and a fillet or limber garter: p. 88. the breech presenting at the brim of the *pelvis*, and the thighs to the left side; delivered with the hands: p. 89. the breech presenting at the brim of the *pelvis*; the child large, and the thighs to the *pubis*; the patient troubled with floodings; DAVENTER'S method tried in vain; and



and a successful attempt to deliver with the hand :  
 p. 91. the breech presented the thighs to the *sacrum*, and the *pelvis* distorted; delivered by the hands: p. 94. the breech presenting, the *pelvis* narrow, and the thighs to the *pubis*; the child brought down, and delivered by the hand: p. 96. the breech presented; the body and arms delivered by a midwife, and the head by the hands of the operator: p. 100. the body of a child delivered, and the forehead detained above the *pubis*, but delivered by the hands: p. 101. the breech presented, the child was delivered by the hand; a flooding came on after delivery, and the woman died: p. 102. the breech presented; a flooding came on after delivery; the child delivered with the hands, and the woman died: and 103. he has given another case, in a letter from mr. AYR, where the breech presented, and the delivery was effected by the hands.

DR. ASTRUC says, " as soon as it is certain that the breech presents, the shortest and most certain way is to rupture the membranes, dis-

charge the waters, return the child back, and deliver it by its feet. Some people, assert, that if the breech of the child is so strongly rivetted in the mouth of the womb and *pelvis*, that its reduction would be very difficult; a labour may be permitted to go on in this manner, and the child be delivered bent double, which appears to him, he says, always a very imprudent conduct."

WHEN the *nates* offer, it is sometimes difficult to distinguish them from the head, especially whilst they are high in the *pelvis*, the *amnion tumour* preceding them, and are descending a little before the other: but after the membranes are broke, and the *nates* are advanced near the middle of the *pelvis*, they are then known by the following marks: namely, they feel smooth and fleshy; their form is not so globular as that of the head; and when they are pressed hard by the point of the finger, they are found to be very firm, and not so equal in their convexities as those of the bones of the skull when they present

sent together; a *fulcus* may be felt running across the *apex* of that part which presents: and as they descend lower, the external parts of generation become so much tumified by the compression above, as to project considerably from this *fulcus*: nay, if it is a male, the *scrotum* is often swelled very much, and looks livid for some days after the birth, but recovers its natural state in about a week; besides the above symptoms, the child being compressed in this double position, as soon as the membranes break, the *meconium* issues forth sometimes in very large quantities. When the *pelvis* is of an ordinary size and form, the natural efforts will commonly bring forth the child in this position, without any remarkable difficulty, unless it be very large, or the orifice unusually rigid; if so, the birth is extremely laborious, yet will be effected by the woman's endeavours. In some cases I have brought down the feet; but in most cases of this kind, which have occurred to me, the *nates* have been low in the *pelvis*, before I could be certain it was them; that I have thought it best to

let the birth go on its own way, till the legs were fairly out of the *os vaginae*; by allowing it to proceed thus, I have never known any harm befall mother or child; nevertheless, I own I had still a notion of passing up the hand to bring down the feet, provided the orifices were open enough to admit of it, and the *nates* distinguished before they were descended low into the *pelvis*.

DR. JOHNSON tells us he had some talk with dr. HUNTER upon this subject; whose opinion it was, “that it is much safer, both for the mother and the child, to *let the child come double*, than to bring down the feet; all the disadvantage accruing to the mother, from such practice is, only a longer and harder labour; from which, however, she will recover as well as if it had been more easy; and she is secured against all the misfortunes that might happen from unnatural violence of introducing a hand, and bringing down the feet: an operation, which cannot always be done with perfect safety; with regard to the child, he think this the only method of saving

ving it, in this as well as a natural situation, the getting the head of the child to pass is the greatest difficulty: the passage of the head, which comes into the world first, may safely be made the work of many hours; so, that the head gradually lengthens and grows smaller in the same proportion; but, in the other case, the head, the part of great difficulty, comes into the world last: and, when all but the head is born, the child is so circumstanced, with respect to the navel string, that if it remains any time in that position, it will be certainly lost: upon this account, the operator is under a necessity of finishing that part of the delivery with some dispatch: and, in order to facilitate this last part, it is better that all the parts should have been previously well opened by natural pains". Thus far dr. HUNTER—and, with all due deference, I shall beg permission to observe; if the *pelvis* be well formed, and the woman has had many children, it may be right to suffer the *fœtus* to gradually descend with the labour pains, in the  
above-

above-mentioned direction; but, in case of floodings and convulsions, or a narrow *pelvis*, there appears no impropriety, if called in time, to raise the breech above the *symphysis* of the *pubes*, and expeditiously bring down the feet. A *prolapsus* of the *funis*, or the compression of it, either between the thighs of the child, or between that and any part of the *pelvis*, by which the life of the child is brought into immediate danger, by the impossibility of reducing the *chord* above the part which presents, will also ever be found an irresistible objection to the general rule, of considering the treatment of a breech presentation in the same light as a natural labour.

## C A S E XI.

A YOUNG married lady, in the fourth month of pregnancy with her first child, in the year 1763. complained of pain and heat in making water; thirst, fever, and loss of appetite; her complexion became pale and sickly; she had foetid discharges from the *vagina*, which tinged her linen of a greenish hue; the *labia* were swelled, hard and inflamed; she had excrescences in the groin, and the *nymphæ* were much enlarged. The infection was too plain to be mistaken; besides, the frank confession of her partner, left no room to doubt of the complaint, or suppose it to have arisen from the *fluor albus*; to which it had, a few days before I saw her, been imputed by a neighbouring apothecary, to whom

whom she had applied. A fortnight had elapsed since the virus was received; her habit of body was good; her mind, though uneasy, not extraordinarily distressed; and her resolution obligingly formed to obey my advice and directions. I proceeded to the cure, by taking nine ounces of blood from the arm, directing a slender regimen, and giving cooling aperients, to keep the body gently lax; at the same time advising the parts affected to be cleansed with a sponge of warm milk and water, twice or thrice in a day; by which means, the heat and inflammation, in a few days, were much abated: and every third night, at bed time, the patient took a pill, containing three grains of calomel, two of scammony, two of camphire, and half a grain of opium, occasionally, using aperients on the intermediate days. At the end of a month, the disease appeared so totally subdued, that she had not one vestige of it remaining; yet, as a necessary precaution, I thought it advisable to give her six ounces of the decoction of *sarsaparilla*, to be taken  
twice



twice a day, for a month longer, when it was entirely left off; and she went her full time, without any further complaint, had an easy natural labour, and brought forth a fine healthy child.

DR. GEORGE MACAULEY, in the 2d volume of medical observations and enquiries, has published the case of a pregnant woman, affected by the *lues venerea*, whom he relieved by virtue of a solution of the corrosive sublimate; twenty grains had been dissolved in a pint of FRENCH brandy; of which he gave her half a spoonful at first every night only, and afterwards every night, besides using a lotion, diluted with four times its quantity of warm water, as a topical remedy for some venereal warts about the *anus* and *perinæum*: he adds, she was taken in labour at the end of seven months of a very small child, whose skin was clear and free from blemish: it was, he says, no unusual thing to her to be thus prematurely delivered; as with her two former children she had been brought to-bed

at least six weeks sooner than she should have been. The remains of the venereal *virus* broke out again, about six weeks after her delivery, and was entirely subdued by a continuance of the solution: he mentions another case, in which the patient was infected in the first month of her first pregnancy, and cured, he says, by the same medicine; but she likewise, unfortunately, came about the end of the seventh month; the child was born alive, but looked diseased, and died in an hour or two.—On the whole, the solution of corrosive sublimate seems, in this case, to be a good palliative; and, from the above account, but little farther to be depended on.

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C A S E    X I I .

C O M M U N I C A T E D

I N   A   L E T T E R   T O   T H E   L A T E  
D R .   C O L I N   M A C K E N Z I E .

“ 20 JANUARY, 1763.

“ D E A R   S I R ,

“ **B** E I N G just recovered from the  
“ fatigue of one of the most melancholy cases  
“ that can happen in MIDWIFERY, I embrace the  
“ first opportunity of giving you a circum-  
“ stantial detail thereof, as follows:—The mo-  
“ ther is of very small stature, deformed, and  
“ scarcely turned of seventeen years of age; she  
K 2                      “ laboured

“ laboured under ricketty disorders in her in-  
 “ fancy, and is of a very lax and tender habit  
 “ of body, which has been increased during her  
 “ pregnancy to a state of weakness, through the  
 “ extreme indigence of her circumstances. About  
 “ four months since she informed me of her de-  
 “ sire that I should attend her labour; which,  
 “ from the deformity of her shape, debility of  
 “ constitution, and depression of spirits, I was  
 “ induced to prognosticate would not prove the  
 “ most favourable, and therein was not decei-  
 “ ved. On the 12th instant I received a mes-  
 “ sage to attend her; and, upon examination,  
 “ found the *os tinæ* very high up, inclining to  
 “ the left side, short, and a little moist, but its  
 “ aperture entirely closed: upon which, after in-  
 “ forming the attendants that her uneasiness did  
 “ not proceed from labour, and giving her a  
 “ paregoric I left her. On the 19th. about ele-  
 “ ven in the evening, I received a second ap-  
 “ plication, and coming to her found the *os tinæ*  
 “ still very high up, most to the left side, but a  
 “ little open, and the *mucus* beginning to descend.

“ I could

“ I could just feel the membranes through the  
 “ opening; the pains were weak, and returned  
 “ at intervals of about an hour. As there was  
 “ every probability of a lingering labour, and  
 “ the patient was extremely depressed and rest-  
 “ less, I gave her an anodyne draught, and ad-  
 “ vised her to be undressed and put into bed,  
 “ which was done; and soon after finding her  
 “ asleep, about nine in the evening I left her;  
 “ I was not called again till twelve the next day,  
 “ when I attended, and found the pains in-  
 “ creased, the *os tinæ* opened to near the  
 “ breadth of an half crown, and a formation of  
 “ the waters, in a small bag, protruding through  
 “ it. I now patiently sat down, and took every  
 “ care to prevent her being too much fatigued.  
 “ The pains were but slight, and recurred about  
 “ every twenty minutes or half hour, at farthest,  
 “ till near nine o’clock the following morning,  
 “ when the membranes broke, the waters were  
 “ evacuated, the pains grew stronger, and the  
 “ head advanced full two thirds into the *pelvis*. I  
 “ began

“ began to imagine the event would be much hap-  
 “ pier than I had before expected ; but was alarmed  
 “ to find the head uncommonly large, and make  
 “ no advance, though the pains were strong and  
 “ forcible. Upon further examination, I discove-  
 “ red the *vertebræ* of the *sacrum* considerably jetting  
 “ in, so that the distance between the *pubis* and  
 “ *sacrum* could not be more than three inches.  
 “ There was a great laxity of the bones of the  
 “ head, which presented with the ear to the *os*  
 “ *tinæ*. I concealed my surprize as much as  
 “ possible; had it frequently in idea to endea-  
 “ vour to turn the child, and deliver footling;  
 “ but from the large size of the head, and the  
 “ narrowness of the *pelvis*, was deterred from  
 “ attempting it; and after waiting twenty hours  
 “ from the rupture of the membranes, and the pa-  
 “ tient becoming low, weak, and often fainting, and  
 “ the women rather violent and clamorous, I fig-  
 “ nified, that they could but be sensible how much  
 “ patience and tenderness I had used, and had left  
 “ as much to nature as was safe; that the life  
 “ of

“ of the mother was now in the utmost danger,  
 “ and that I must proceed in such a manner as  
 “ to save her life, if possible, as that of the  
 “ child was of the least consequence; besides,  
 “ that I did apprehend the child was already  
 “ dead: and was the more confirmed in that opi-  
 “ nion, from the cold chills which seized the  
 “ mother, the dark colour of the *liquor amnii*,  
 “ and a putrid stench arising from the *uterus*.  
 “ The attendants were satisfied with my deter-  
 “ mination; and as the head was low enough  
 “ down, and its situation ascertained, I had the  
 “ woman placed in a proper position, and with  
 “ some difficulty after gaining admission for  
 “ one hand, introduced a blade of the forceps;  
 “ but in vain were my efforts to get the other  
 “ up on the opposite side; upon which, I with-  
 “ drew that already fixed: and, as the patient  
 “ grew weaker and weaker, and the women con-  
 “ cluded her at the verge of death, turned all  
 “ my thoughts to the crotchet, and was resolved  
 “ to make the last effort, by opening the head,  
 “ and extracting with that instrument, which I di-  
 “ rectly

“ rectly fat about, and cautiously introducing the  
 “ long scissars into the *vagina*, with their points  
 “ carefully guarded, perforated the *cranium*,  
 “ with a boring kind of motion, till they had  
 “ passed up to the rings, which the scissars  
 “ were made with instead of rests, to prevent  
 “ any contusion the soft parts of the woman  
 “ might otherwise suffer, in time of using them;  
 “ made a full opening in the *cranium*, and eva-  
 “ cuated the brain with the blunt hook, with  
 “ which I endeavoured to deliver the head; but  
 “ finding it impracticable, and the dangerous  
 “ state of the woman admitting of no delay, I  
 “ fixed both crotchets, and with much force and  
 “ difficulty made the extraction of the head,  
 “ with the face to the *pubis*. The instruments  
 “ appeared to have been applied exactly behind each  
 “ ear; the shoulders occasioned me much obstruc-  
 “ tion, and were delivered with the blunt hook,  
 “ alternately applied under each arm pit, and the  
 “ body, with difficulty, followed. On examining  
 “ the head, the opening with the scissars appeared  
 “ to have been made thro’ the right *parietal* bone.

“ The



“ The patient, during the whole of this distress-  
 “ ing process, remained in a fainting fit. The  
 “ *placenta* was delivered soon after the child;  
 “ when, it was a matter of doubt with every  
 “ one in the room, whether the woman was dead  
 “ or alive. She flooded, and the pulse was not  
 “ perceptible. I applied ligatures to the extre-  
 “ mities, and dipping a sponge in red wine, in  
 “ which alum was dissolved, introduced my  
 “ hand, and squeezed it out into the *vagina*;  
 “ at the same time, external refrigerant applica-  
 “ tions were not omitted, and, in a few mi-  
 “ nutes, I had the satisfaction to see the poor  
 “ wretch open her eyes; the pulse returned, but  
 “ was very weak; her lips looked less livid, and  
 “ she complained of pain, from the tightness of the  
 “ ligatures round her arms and legs; I gently  
 “ slackened them, and gave her some lavender  
 “ drops upon sugar; a fainting fit returning, the li-  
 “ gatures were again tightened; the pulse was again  
 “ almost imperceptible; she fell into a doze, and a  
 “ warm perspiration coming on, the pulse became  
 “ stronger, and the ligatures were taken off. I

L

“ got

“ got down a little nourishment, and after waiting  
 “ with her some time, gave her a cordial  
 “ draught, with a few drops of *elixir paregori-*  
 “ *cum*, and took my leave. Yesterday morning  
 “ I visited her, and was pleased to find that she  
 “ had slept most part of the night, and the faint-  
 “ ing fit and flooding had not returned. This  
 “ morning I have seen her again, and, except  
 “ slight pains which she complains of high up  
 “ in the belly, she has no one symptom of dan-  
 “ ger. There is rather too great a tension of  
 “ the *abdomen*, for which I have ordered an  
 “ emollient fomentation: should these pains pro-  
 “ ceed from any injury done the *uterus*, I fear  
 “ her situation may be still far from safe.

“ I TAKE the liberty of earnestly recommend-  
 “ ing this case to your kind consideration; and  
 “ shall duly esteem the favour of your an-  
 “ swer.

“ I am, &c.”

“ P.S. PRAY

“ P.S. PRAY, what is your opinion of the  
 “ TIRE-A-TETE and NETT of MAURICEAU. — I  
 “ have lately got an ENGLISH translation of DA-  
 “ VENTER’S MIDWIFERY. Your sentiments on  
 “ which, will much oblige me.”

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## THE ANSWER.

“ DEAR SIR,

“ **I** AM glad to find opportunities  
 “ offer in MIDWIFERY.—The manner of treating  
 “ the patient you mention, was undoubtedly  
 “ good; it was a long, disagreeable, and tiresome  
 “ labour. The forceps not succeeding by gentle  
 “ means, you did right in opening the head, and  
 “ the circumstances of the case justified the  
 “ operation; especially, as you had evident signs

“ of the child’s death. It has been the opi-  
 “ nion of many ENGLISH and FRENCH authors,  
 “ that there frequently have been laborious la-  
 “ bours, when the *vertex* has first offered; but in  
 “ all the difficult ones I have attended, where  
 “ the head has presented, the ear was the  
 “ part next the *os tinæ*. It is very seldom a  
 “ labour can require the use of instruments, and  
 “ they ought never to be hastily used. Some  
 “ *os tinæ*s will take much longer time for dila-  
 “ tation than others. Patience is a venerable  
 “ maxim, particularly in the profession of MID-  
 “ WIFERY. LA MOTTE had this virtue in great  
 “ perfection, and was commendable for submit-  
 “ ting so much to providence, and the decision  
 “ of nature; who, when she finds a difficulty  
 “ attending the exclusion of the *fœtus*, will some-  
 “ times take two, three, four, or even five or six  
 “ days, to prepare the passage, by lubricating it  
 “ with a mucus; (a wise provision, without  
 “ which, more births would be laborious than  
 “ there are) and then will make her last  
 “ effort with the utmost force; which is gene-  
 “ rally

“ rally very decisive, unless the child should be  
 “ too large, preternaturally situated, or the *pelvis*  
 “ too narrow. The former practice of turn-  
 “ ing the child, and bringing it away by the  
 “ feet, when the head has been confined in the  
 “ *vagina*, is now discarded, and the forceps,  
 “ which is always preferable to the fillet, substi-  
 “ tuted in its stead. The crotchet should ever  
 “ be used with the greatest caution. You was  
 “ acquainted with the width of the *pelvis*, other-  
 “ wise your operation might not have turned  
 “ out so favorable. A great care should be  
 “ taken in the delivery, that the *uterus* is not  
 “ torn; should that be the case, it is not one  
 “ time in an hundred that the woman survives.  
 “ They formerly used the strait crotchet; but the  
 “ curved one is the most useful, being in-  
 “ troduced under the direction of the hand, and  
 “ fixt behind the ear; one crotchet, in general,  
 “ will do with the hand passed up the opposite  
 “ side to assist it, when the pulling force is made.  
 “ Should this not succeed, two crotchets must  
 “ be used. The NETT and FIRE-A-TETE of

“ MAURICEAU, are but of little use; although  
 “ he affirms his TIRE-A-TETE to be incompara-  
 “ bly better than the crotchet. — DAVENTER’S  
 “ book is authentic, and may be depended on.—  
 “ I dare say your patient will do well.—Go on  
 “ and prosper; and believe me, with all possible  
 “ respect, to be, &c.”

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DIONIS treats of laborious and difficult labours, book iii. chap. 9.—MAURICEAU, p. 193. and DAVENTER, chap. 27.—GIFFARD, case 141, speaks of a delivery, where the head presented, and stuck in the passage, from the bending in of the *os sacrum*: case 182. he gives another instance, where the head being too large, stuck in the passage: and case 193. another, where the side of the head presenting first, the face of the child being turned towards the mother’s right *os ilium*, was in a like predicament: his cases 195. & 196. describe two deliveries, where the children presented with the head foremost, which also stuck in the passage: and cases 198, 199, 200, & 201.

& 201, contain fimilar instances: in all which, as well as in many others, he fucceeded by the ufe of his EXTRACTOR; a print, and explanation of that inftrument, as improved by the late MR. FREKE, furgeon to ST. BARTHOLOMEW'S HOSPITAL, is prefixed to his CASES in MIDWIFERY; revised and publifhed in 1734. by EDWARD HODY, M. D. & F. R. S.

SEE a particular obfervation of LA MOTTE'S, p. 220: and ASTRUC, p. 98. very judiciously expatiates on the difficulties which proceed from the bad conformation of the bones of the *pelvis*.

DR. PUGH in his treatife of MIDWIFERY, fpeaks in an experienced manner of the extraordinary fize of the head; the narrow or bad form of the bones of the *pelvis*, of the head being fixed in the paffage, and the inftrumental delivery thereof.

DR. SMELLIE, vol. iii. gives a laborious birth, occafioned by the large fize of the child, and the fmallnefs of the *pelvis*, in which he deli-

vered with the blunt hook: in a second laborious case; the head being low, he attempted first to turn, and tried the fillet, but was obliged to deliver with the crotchet, the child being dead, and the *abdomen* swelled: he relates a third laborious case; where the head of the child was high in a narrow *pelvis*, and delivered with the hand and blunt hook or crotchet: a fourth laborious case, in a very narrow and distorted *pelvis*; in which the child was delivered with the curved crotchet with its sheath, to guard the point: a fifth, where the *pelvis* was narrow, and the child large, and delivered with two crotchets: a sixth, where the *pelvis* was narrow, the head large, and delivered with the crotchet: a seventh, where the delivery was effected by the crotchet; an eighth, in which the head of the *fœtus* was high in the *pelvis*, and prematurely delivered with the crotchet: a ninth and tenth, two cases, wherein the crotchet was employed: an eleventh, where the head was prematurely opened by a practitioner: a twelfth, in which he was obliged to deliver with the assistance of the sharp and blunt crotchets:



crotchets : a thirteenth, where the arm and head of the *fœtus* presented ; the last opened, and delivered with the forceps : a fourteenth, in which the delivery was assisted by the crotchets, after the forceps had been tried in vain : a fifteenth, where the delivery was effected by the crotchets : a sixteenth, where the patient was delivered by the crotchet : a seventeenth, in which the child was extracted piece-meal, with the scissars and blunt hooks : and an eighteenth, where the head was delivered with the crotchet:—dr. JOHNSON says, he saw a *pelvis*, of so small a size, though very well shaped ; as to measure, only four inches between the *ilia*, and scarcely two and a half from the angle of the *sacrum* to the *symphisis* of the *pubes* : a mature child (after an experienced and very ingenious operator had used his utmost endeavours to save it as well as the mother) was obliged to be extracted through this *pelvis* by the crotchet : he also describes a *pelvis* in dr. HUNTER's museum, of a most particular construction and distortion : and another in the same respectable collection, extremely de-

formed,

formed, and so very small, that the widest part of the brim is not above an inch; he avers, the whole structure of it to be apparently opposite to the means of procreation: and likewise relates the case of a poor woman, to whom dr. KELLY was called by mr. FORD, a surgeon, in LONG LANE, SOUTHWARK; the *pelvis*, from the projection of the *sacrum*, to the *symphisis* of the *pubes*, could not, he says, be more than the distance of two inches; it was thought advisable to make a free opening in the *cranium*, evacuate its contents, and then leave it to collapse and settle into the *pelvis* gradually, which was done, and the next day, the head was found so far advanced, as to be brought forth in a little time, with the help of the blunt hook; which was also employed for the delivery of the shoulders. — I have to observe, that the method used with this woman, might be taken, with some degree of safety, and the delivery thus treated, rendered more easy by the gradual descension of the head into the *pelvis*; especially, as the patient was in no immediate danger; but

but in the case, which occurred to me as above, no advantage whatever could have been expected, from waiting any length of time, after the evacuation of the *cranium*: on the contrary, in the weak and dangerous state, to which my patient was reduced, such suspension must have proved fatal.

—The narrowness or distortion of the *pelvis*, is universally allowed to cause the most difficult and dangerous parturition; for when the brim of the *pelvis*, which should measure five inches and a half from side to side, and about four and a quarter from *sacrum* to *pubis*; in its stead, we unhappily meet with a distance of, perhaps, only one inch and a half, two inches, or at most, not more than three from side to side; and the narrowness is confined to the brim, or the *pelvis*, in this part, be well proportioned, and the *lumbar vertebræ* project over the *sacrum*, as in the case contained in my last letter, and the child be too bulky to pass—destructive instruments, to diminish the size of the head, must be used; a disagreeable necessity, wherein the length of time, between the evacuation of the *cranium* and its  
total

total extraction, can only be determined by the state of the patient: intensely affecting, as such operations must ever prove—how comparatively less horrid and dangerous do they appear, than the *cæsarian section*, or the *new operation* of cutting the *symphysis* of the *pubis*, at which I shudder; and mean neither to offend or censure the ingenious advocates for this most extraordinary operation, when I take the liberty to declare, that I can never think favorably of it: and much to be revered, as all discoveries, for preserving the lives of our fellow creatures are; this appears to be one of those, whose safety and general utility, I am of opinion, will not soon establish and confirm its practice.

## C A S E    X I I I .

**T**HE ninth of MAY, 1763. I was called to assist a patient, whose labour had continued three successive days and nights; she had been attended by a woman midwife, who had frequently promised an immediate delivery, but without effect: she appeared anxious and much depressed, and the women worn out with the fatigue of long attendance: after waiting about twenty minutes, and taking the advantage of a slight pain, I examined her, and found the *os tincæ* high up against the *sacrum*, almost out of reach, rigid, and but little dilated. The woman had a very pendulous belly, was of a large make, corpulent, and had borne several children; with every one of whom I was informed, she had suffered a long and tedious labour. After assu-  
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ring the attendants that much time would be still required, before there could be any possibility of delivering her, I got the patient to bed, gave her an opiate, and dismissed them; then desired the midwife not to leave her, but to stay and send for me again as soon as the pains became more regular and powerful, and returned home. About six in the evening of the next day, I obeyed a second message. The pains were now very strong, the membranes had broke, and the *vertex* was below the brim of the *pelvis*; but the *os tinæ*, though much dilated, was still too much inclined to the *sacrum*. I placed the patient on her side, with her head low, and her breech and legs raised up; and in this manner delivered her in less than an hour by the natural efforts—by pulling gently at the *funis*, in time of pain, it separated from the *placenta*, and came away; but as no uterine *hæmorrhage* ensued, I did not, for the present, think it adviseable to pass up my hand for its extraction; after waiting, however in vain, for more than two hours, with a view to know the cause of its retention, I introduced it gently into the *vagina*;  
but

but finding the contraction of the womb so great, as not to admit of my two fore fingers, deferred all further attempts; and thought it the most rational practice to trust to nature's expulsion of the *placenta*; which happened in less than twelve hours after the birth of the child.

MANY disorders are mentioned by medical authors, as arising from the retention of the *placenta*; but I hope to be justified in the practice of leaving it to the expulsion of nature; especially where there is a sudden and strong contraction of the *uterus*, and no *hæmorrhage* ensues, rather than run the risk of a forcible extraction, from which, much mischief may be dreaded. There can be no doubt, but the ill situation of the womb occasioned the great delay of labour in this case, something similar to which are CHAPMAN'S 5th. and 6th. cases — DAVENTER is the first author we meet with, who treats of the womb of women with child, or in child-

child-bed, being obliquely and ill situated. Vide his book, chap. 11.

ASTRUC, p. 13. has likewise expatiated largely on this situation of the womb: and dr. BURTON, p. 172. and obs. 18. has done the same.—The *oblique* position of the *uterus*, a topic so strenuously supported by many other authors, unless occasioned by the *pendulous* belly; its general cause, or particular ill conformation of the *pelvis*, seems to me, to be merely hypothesis and conjecture, and cannot, I believe, in any other cases, be fairly said to impede the course of labour.

DR. BURTON, p. 55. shews, by a very curious experiment, how soon the womb will contract again; and declares, the contraction of it in some women, to be so sudden and so strong, as scarce to be credited, but by such as have experienced it: page 132. he relates a case, where the *funis* had been broke by the midwife, in attempting to deliver the *placenta*, which was retained by the great contraction of the *uterus*,  
which



which gave him greater trouble to deliver, than any one he had ever before met with: see also obl. 32. of the same author.

THE sudden and strong contraction of the womb is produced from the following authority: GIFFARD, in cases 107. & 127. says, “ that being called in an hour after delivery, he found the *os uteri* so contracted, that he could not readily introduce two fingers, and, that it was with difficulty he introduced his hand: case 134. he declares the *os uteri* was so contracted in half an hour, that it was with difficulty he introduced his hand into the womb: case 74. he says he was called in ten hours after the birth of the first, and two hours after that of the second of twins; and, yet the *os uteri* was so contracted, that he was obliged to dilate it gradually; case 92. he avers, that in a few hours after the delivery, he could scarce introduce his hand into the *uterus*; and, when introduced, the womb was so contracted, that he could not readily move his hand.

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MAURICEAU,

MAURICEAU, obf. 504. fays, in three hours after delivery, he has found the *os uteri* fo contracted, that he could not introduce his hand into the womb: and obf. 336 he alfo mentions a perfon who mifcarried in the fixth month of her pregnancy; where part of the after birth was left in the womb; and before he got to her, the *os uteri* was fo contracted, that he could not introduce his hand into the womb.

LA MOTTE, obf. 358. & 362. alfo tells us, that in ten or twelve hours after the birth of the child, he has found the *os uteri* fo contracted, that it was with difficulty he could introduce his hand, being obliged to dilate it gradually: and further, obf. 359. & 363. declares, that in fifteen or fixteen hours he has found the *os uteri* fo contracted, that he was forced to dilate it by degrees; and mentions one cafe, where two other furgeons had been trying to extract the *placenta*, and yet he could only introduce four fingers into the womb—perhaps, a more remarkable cafe, than the following, in regard to the particular contraction of the *uterus*, has feldom occurred to any one praftitioner whatever.

CASE

## C A S E    X I V .

MRS. L. was delivered of her first child, MARCH the 2d, 1762; a midwife was with her, who broke the *funis* in attempting to deliver the *placenta*: I was immediately sent for, but found it impracticable to pass my hand into the *uterus*; the *placenta* therefore remained, and was not delivered till the third day after the child.

to her second labour, which happened the 2d of FEBRUARY, 1764. my assistance was bespoke; she had a very quick time; but the *placenta*, notwithstanding she had very strong after-pains, was not to be moved by pulling at the *funis*, and remained till the second day at night, when it came away with a little pain, as she was making water.

IN her third labour, on the 4th of JULY, 1766. I again attended her, when she had nearly as good a time as before: and soon after the delivery of the child I had the curiosity to examine the *os uteri*, which I found so much contracted, as not to admit my two fingers: the *placenta* was therefore again left, and came away not till the afternoon of the third day.

THE fourth time of her being in labour, was on the 17th of AUGUST, 1769; when being at a great distance from home, a midwife was called in, and she had a fine natural delivery of the child; but as the *placenta* gave the midwife much trouble, and she declared she could not gain it, an accoucheur, of much skill and practice, was sent for, who strove in vain to introduce his hand into the *uterus*; but found it so much contracted, that his trials were in vain, and the *placenta* remained till the third day, when it came away as the woman was at stool.

OF her fifth child, the 28th of DECEMBER, 1769. I attended her; she had a very easy labour, but the *placenta* was retained as usual, and not delivered till the fourth day :

AND in her sixth labour I was with her, when the child was soon delivered, but the after-birth remained undelivered till the third day, when it was expelled by a strong pain; this was on the 31st of MAY, 1773. since which time she has not been again pregnant.

DR. EXTON, case 15. gives a remarkable account of a delivery: where, immediately, after the birth of the child, the mouth of the womb was so strongly contracted, that he could, by no means, introduce even a finger into it; and believes that it would sooner have broke than yielded to his fingers: describes it by the feel, to be like a purse strongly drawn up; and declares, he has met with this spasmodic contraction of the *os uteri*, four or five times in his practice.— Practice and observation must ever clearly

evinced the danger of employing force in extracting the *placenta* (without led thereto by the flooding of the patient.) Bad consequences, most undoubtedly, very often follow from the retention of the *placenta*; but the slow and spontaneous expulsion of nature, I candidly submit to the notice of every ingenious practitioner, as being ever more safe in its consequences, than the hasty or forcible extraction of it; which I have known, more than once, attended with many disadvantages, and even to have proved fatal.

C A S E

## C A S E XV.

THE wife of a labouring man, in this neighbourhood, was delivered on the 14th of MAY, 1764. of a child, by a midwife; who, after waiting twelve hours, and finding it impossible to deliver the *placenta*, sent for me; she had made the woman very hot and feverish, by using too much force to dilate the *os uteri*; which, upon examination, I found so much contracted, that it were injurious to attempt the dilatation of it: I therefore contented myself, by enjoining rest and giving her, every four hours, three spoonfuls of a *neutral mixture*, and left her till the next day; in the evening of which, I was informed, that the *placenta* had been spontaneously expelled by a pain, as the patient turned round in her bed—no ill consequences ensued from its retention, and the wo-

man soon recovered. I attended the same woman in the beginning of the year 1771. when, from some mismanagement of the labour, uncommon debility had been brought on, her spirits were flagged, and she was much reduced; but as the presentation was fair and natural, I contented myself with supporting her patience, by soothing persuasions and proper medicine, not doubting, but we should find, in the end, an easy and happy determination; and herein I was not disappointed, for by these means she acquired a competent resolution: and the labour, after many days and nights, having been slow and tedious, ended in the most natural and favorable issue, and no difficulty whatever attended the expulsion of the *placenta*.

CASE



## CASE XVI.

ON JULY 23, 1780. I was informed of a poor woman, who was in labour, and could get no assistance to deliver her; upon which, I made what haste I could to her, and found her in great extremity; the pains were very strong, and I had not been with her more than twenty minutes before she was delivered of the child; but after waiting near an hour, and not finding the *placenta* in the least descend, I began to conclude that it adhered to the *uterus*; but the woman informing me she had had six children, and that the after-birth had never moved, till two days after: I immediately, by the direction of the *funis*, examined the state of the *os internum*, which was so much contracted, as scarcely to admit the point of my finger; I  
therefore

therefore left the *placenta*, which separated, and was discharged of itself on the second day from the delivery, without any ill effects whatsoever.

DR. OULD endeavours to shew, that the *os uteri* is not capable of so speedy a contraction, as it is generally imagined; but the foregoing cases are stubborn facts to the contrary; and, that it will sometimes surprizingly contract immediately after the expulsion of the *fœtus*, is incontrovertible.

DR. JOHNSON, p. 206. speaks of an extraordinary contraction of the *uterus*, in half an hour after the birth; he says it formed into so small a ring, that at first he could pass but two fingers: and, although he endeavoured to dilate it gradually, in order to insinuate the others, one by one; yet the stricture was so firm, as to occasion difficulty in passing the hand: however, by persisting, he gained admission with safety, and found the *placenta*, with some of the *chorion*, round its edges, adhering to the *fundus uteri*;

*uteri*; he separated the adhesion gradually, and brought away the secundines.

IN such cases, forcible dilatation, I presume, can only be justified by present exigencies; and, as in this instance, no very pressing occasion appeared for introducing the hand, it were more rational, I should think, to have trusted to nature.

IN some future cases, (as well as the foregoing relative to the *placenta*) which makes a part of this publication, occasion will shew, that the immediate delivery of the *placenta*, is not, in general, of that importance, which many ingenious and experienced writers have taken upon themselves to avow, that nature, in the human, as well as the brute species, where no force is ever thought of, is equally kind and effectual, and, that where the separation within a given time, is not effected, but little is to be dreaded; and, likewise that much less danger in general attends the leaving of it, than in forcible attempts to relieve it by the hand; notwithstanding all this, I do  
not

not take upon me to deny the satisfaction resulting from an easy and timely separation of the *placenta*; which is ever to be preferred, provided it be natural, and no violence used in making the extraction; which, I think, we may ever confine as a matter of necessity to floodings only.

CASE

## C A S E      XVII.

I WAS called to a patient about six o'clock in the morning of the 26th of FEBRUARY, 1763. she was of a *leuco phlegmatic* habit; had a small *pelvis*, and always been subject to laborious times, occasioned by dropical children; with one of which she had been delivered with the crotchet by a man-midwife, her other two children were *hydrocephalous* when born, and died soon afterwards; such was the general history of the patient, which gave me little room to expect a more favourable event than usual: a midwife had been some hours in waiting, who thought her in labour; but as the *os tincæ* was close shut, and her pains being without intermission, and chiefly confined to the *abdomen*: I pronounced

pronounced them to be of the cholic kind, gave her a rhubarb draught, with a few drops of *tinct. thebaica*, which soon procured her ease, and I was not applied to again till about four in the morning of the 18th of MARCH. The pains were now genuine, returned at regular periods, and the *os tincæ* began to dilate; the labour was slow in its progress till twelve o'clock at night, when the membranes broke, and the pains returned faster, and were more forcing; yet, the child's head continued high up at the brim of the *pelvis*, and felt softer than it usually does; but by the long continued force of the pains it descended lower down, so that I could discover the bones at a great distance from each other, and feeling loose and yielding to the touch, with an uncommon width of the *fontanel*, so that there was no doubt of the disorder; however, being willing to try the pains, I waited three hours longer; when they suddenly became more feeble, and the woman being seized with a *syncope*, I thought it advisable that the delivery should be attempted. Turning the child appeared too dangerous and difficult,

cult, and the use of the forceps, considering the smallness of the *pelvis*, and the disorder, as well as distant situation of the head, I thought it most prudent to decline, lest I should lose time, by being foiled in my operation; besides, from the fetid smell of the *liquor amnii*, there was great reason to think the child was dead; the patient being therefore placed in a proper position, I cautiously introduced the long scissars, within side my hand, up the *vagina*, and perforated the *cranium*; from whence (with part of the *cerebrum*) issued, a great quantity of turbid water, which smelt very offensive. I soon after pass'd up my hand, and fixing my fingers in the opening, with some difficulty brought down the head, and effected the delivery of the child, which appeared to have been some time dead. I have once since attended the same woman in a lingering labour, where the child was very small, and born alive, by the natural efforts; but had an *hydrocephalous* disorder, and lived only a few days: and the woman herself, in less than a year afterwards, died of the dropy.

MAURI-

MAURICEAU, speaking of the method to deliver a woman, when the child in the womb has a dropfical head, advifes the making of an aperture in the *cranium*, to evacuate its contents, altho' the child be living. But as this practice muft ever inevitably deftroy the child, the judicious practitioner, I prefume, will not do it until, upon mature deliberation, the child's deftruction fhall appear abfolutely unavoidable, to fave its mother; on the other hand, it may indeed be urged, that the *hydrocephalous* child feldom long furvives; or, if it does, that it lives the object of pity and diftrefs; and many melancholy cafes of the *hydrocephalus* might be enumerated, upon the authority of feveral eminent furgeons; in whole defcriptions, we fhall find poor emaciated, lethargic children, the greateft part of whole heads are as foft as a quagmire, and fo confiderably diftended and enlarged with water, as to require a pillow, or fome other fupport, and whole lives, in general, are but of a fhort date; but even this being granted, I yet can fee no juft caufe to deftroy the *fatus in utero*, at leaft, whilft



whilst there remains any reasonable prospect of its birth by the efforts of nature.

LA MOTTE observes, " it is not often that children are dropfical in the *uterus*; but when they are, that they create a great deal of trouble to the surgeon, but prefers the hands to all the instruments that have been contrived to facilitate these sort of deliveries": and obs. 331, 332, 333, and 334. contain cases in support of his opinion; which, however, must chiefly depend upon circumstances, and cannot always be effected by the hands alone: although our author was so particularly fortunate as to succeed in all the dropfical children he met with, without any other help. It is therefore reasonable to suppose, that those children, in whose cases he was engaged; were not considerably disordered: where they are, as in the instance I have above recited, extraordinary means must be used for the preservation of the woman; and instruments will, in such cases, be found unavoidably requisite.

ASTRUC, when all other resources have proved ineffectual, and the child is *hydrocephalous*, advises the evacuation of the water by the introduction of a *trocar* into the *fontanel*, and to leave the *canula* in the wound; by this means, he is of opinion, the head will flatten, and pass easily. Vide SMELLIE, vol. i. p. 296. no. 1, 2, 3, & 4. vol. ii. p. 356. and a somewhat similar case to the above, will be found in the same author, vol. iii. coll. 31. case i. where, a head, that was dropfical, was opened with the scissars, and afterwards delivered by the labour pains, with the assistance of the hand: case ii. exhibits a second dropfical head, which was opened with the scissars, and delivered with the assistance of the blunt hook: case xxi. in the same collection of this author, presents an instance of a dropfical head opened, and delivered with the assistance of the hand: and in coll. 35. case xx. we meet with a flooding before delivery; the child was turned, and brought away by the feet, and the head obstructed by the *hydrocephalus*, which made it necessary to employ the crotchet for its delivery. Vide a case of  
*hydro-*

*hydrocephalus*, by dr. ROBERT BUTLER REMMETT, of PLYMOUTH, medd. comm. p. 423: and another curious case of this sort in the Medical Observations and Inquiries. vol. 5, p. 121.

IN the month of SEPTEMBER, 1777. a woman in the vicinage of HADLOW, who for some time past had contracted a habit of drinking, after a lingering labour of many nights and days, was delivered of a child afflicted with an *hydrocephalus*; of which disorder, it languished till the sixth day, and then died. — About six months ago, the same patient, in the eighth month of her pregnancy, was thrown into a flooding by a sudden fright; she miscarried, the child was still-born, and the bones of its *cranium* appeared to be separated at a great distance from each other, by the great quantity of water contained in the *pericranium*. — It may be remarked as a good and useful caution, that this person, previous to the births of her two last children, was esteemed a very sober woman, and had born three remarkably fine and healthy children.

## C A S E XVIII.

**E**ARLY in the morning of the 31<sup>st</sup> of AUGUST, 1764. I was called to a lady about thirty three years of age, who was in the fifth month of pregnancy with her fourth child. As she was hastily stepping over a stile, she was taken with a violent discharge of blood from the *uterus*; I immediately bled her from the arm, according to her strength, and gave her an astringent medicine, mixed with an opiate; cold styptic applications were also ordered to the *abdomen*; and I advised that she might be kept cool and still, and upon no account get out of bed, till I should see her again: she complained of pain in her back and belly, but not of any bearing down;

down ; as she had been constive for some days before, that she might not strain to expel the *feces*, and by that means increase the flux, an emollient clyster was prepared and injected, and the next day I had the satisfaction to find her free from pain and *hæmorrhage*, except a small discharge of serous blood, which faintly tinged the linen ; I ordered her a mixture of tincture of red roses, acidulated with the *spirit of vitriol*, desired she would abstain from meat and drink of every kind, which might accelerate the circulation of the blood, and that her diet should chiefly consist of panada, weak broth, or rice gruel, and between whiles allowed her a little red wine and water, in which hot iron had been extinguished ; these directions being punctually attended to, the *hæmorrhage*, in seven days, was so entirely restrained, and she had recovered so much of her strength and spirits, as to walk up and down stairs : however, to guard against a return of the *uterine flux*, she lived sparingly, took her astringent mixture twice a day, and would, most probably, have com-

pleted her reckoning, had not the news of a fire in the neighbourhood, which happened in the night of the 14th of SEPTEMBER, been suddenly brought her, at which she fainted away, and the flooding returned with greater violence than ever ; I was immediately called, and upon examination, found the *os tincae* very high up, rigid, and so little dilated, as scarcely to admit the tip of my finger ; the *hæmorrhage* was very great, and she no sooner came out of one fainting fit, but she went into another. I introduced a sponge, dipped in a solution of alum into the *vagina*, and by every means in my power endeavoured to restrain the flux ; but all to no purpose, for it was so violent that she sunk away, and expired within an hour after I came to her ; a melancholy instance ! which serves to evince the expediency of keeping the mind free from any violent agitation, which in all stages of pregnancy is highly dangerous, and will often prove fatal ; and more particularly, in so critical a situation, as the above ; where the frame is already debilitated, and rendered  
lax,

lax, by a previous effusion of blood from the uterus. Vide MAURICEAU, obs. 578. LA MOTTE, obs. 209, 210. & 212. and GIFFARD, obs. 109.

CHAPMAN, case xxxii. relates the misfortune of a lady, who died of a flooding, undelivered, before he arrived.

DR. SMELLIE says, he was called to a woman, who was seized with a pretty considerable hæmorrhage, and miscarried in the fifth month; the *funis* and membranes were expelled, but the *placenta* remained; and, though the discharge abated, a draining of blood continued to weaken her for the space of three months after her abortion: he tried to dilate the *os internum*, but without success; was equally unsuccessful in introducing a long narrow-pointed *forceps*: and finally, had recourse to the blunt hooks, with which he brought it away, in three separate pieces, the draining was stopt, the woman recovered, and afterwards bore children. After all, an event thus fatal, so early as the fifth month, must be ever considered as an unusual and truly deplorable circumstance. A most

extraordinary flux of blood fell under the observation of the late dr. COLE, who some years ago practised MIDWIFERY in LONDON with great reputation. — Dr. LEAKE observes, that on opening the body, the whole surface of the *placenta* was found adhering to the *uterus*, but a great part of the *false chorion*, investing the membranous bag which contains the child was separated from it; and consequently, an infinite number of those vessels, with which it is supplied from the *uterus* being torn asunder, the effusion of blood was so great as to prove mortal.



## C A S E    X I X.

**T**HE 13th. of OCTOBER, 1764. I was sent for to a woman, about four months gone with child; seven days after the eruption of the small pox, she was suddenly alarmed with a flux of blood from the *uterus*, unattended at that time with any pains—I found the aperture of the *os tinæ* a little dilated, and the woman appearing much terrified, endeavoured to comfort her, with the assurances of her doing well, notwithstanding the small pox, as she was no further advanced in her pregnancy, and it was of the regular kind. I desired she might be kept cool, and sent her an astringent mixture, with an opiate. The *hæmorrhage* abated, and she passed the night with tolerable ease; but at eight o'clock in the morning, upon her moving to use the pot, it returned  
most

most violently, attended with frequent and strong pains: I was immediately requested to attend, which I did; when finding the flux alarming, and the woman faint, I examined the *os tinca*, which was enough dilated to admit three fingers, with which I ruptured the membranes, and directly after carefully passing my whole hand in a conical form, easily brought away the *fœtus*, on whom was to be seen not the least mark of the small pox. The *hæmorrhage* still continuing, and the woman fainting away, I thought it most consistent with the safety of the mother, to introduce my hand a second time, and deliver the secundines; which having effected, the flux stopped, the woman recovered, and has since had many children. Vide dr. SMELLIE, 2d. vol. no. 2. case vi.

IN the GERMAN Ephemerides, *anni primi*, l. iii. p. 139. there is an account of a woman, who had the small pox before she was delivered, and the child was marked with the same disease.

IN the Philosophical Transactions, no. 493. p. 233. is the case of a lady, who was delivered of a child, on whom the small pox appeared in a day or two after its birth, drawn up by CROMWELL MORTIMER, M. D.

IN the same Transaction, no. 493. p. 235. are some accounts of the *fœtus in utero* being differently affected by the small pox, by WILLIAM WATSON, F. R. S. and also, at no. 337. p. 165. Vide LA MOTTE, obs. 129. and dr. SMELLIE, no. 2. case vi. Dr. LEAKE says, that he never yet saw an instance, where the infants were born with the eruptions; neither does it usually appear immediately afterwards, though many of them die in a week or ten days:—he further remarks, that as the small pox generally brings an abortion, it is to be observed, that the children come before their due time; and therefore go off, before the infection has had sufficient time to produce the disease; and as their bulk is proportioned to their age, it may be one reason, why the delivery, in such cases, is more easy and expeditious;

peditious ; and adds, that notwithstanding what has already been said, examples may be found as above ; and in BARTHOLIN's medical epistles, &c. where the body of the new-born infant has been found overspread with the variolous pustules ; which, considering the intercourse between the mother and it, during the uterine gestation, is not to be wondered at.—A very curious and uncommon case is related by VAN SWIETEN, as it happened under the observation of dr. WATSON, in LONDON, viz. a woman, who had been for some time pregnant, and who long before had the small pox, was very assiduous in attending her servant maid, who then laboured under that disease ; in due time she was happily delivered, and brought forth a healthy female child, where evident marks of its having had the eruption appeared on the skin ; when this child's brother was inoculated four years after, dr. WATSON had leave from the parents to inoculate her likewise ; but the operation was attended with very different effects in those different subjects, for the eruptions appeared in the boy, who soon happily recovered

vered from the disease; but the girl, after drooping for two days, became very well again, and remained totally free from it.

A CASE something similar to this is also mentioned by dr. MEAD in treating of the small pox. He supposes, that where the child is born before the perfect maturation of the pustules in the mother, it will then more probably escape the disease; and also, that the danger arising to women at this time who suffer abortion, will be in proportion to the loss of blood after the separation of the *placenta* from the *uterus*; but there does not seem sufficient reason to adopt this last opinion; —for what he himself afterwards asserts does not seem to correspond with it, viz. that the small pox has generally been found the most mild when it succeeds some considerable evacuation, whether natural or artificial.

VAN SWIETEN informs us, that the celebrated BOERHAAVE attended a lady in the 6th month of her pregnancy, who laboured under the worst  
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kind of the *confluent small pox*; notwithstanding which, she proceeded to the full period of her time, and was then delivered of a healthy male child, which had not the least vestige of the disease—from the above extraordinary circumstance, arising from the peculiar structure of the *placenta*; and its power to absorb such juices from the womb, as were salutary and nutritious, even when the whole mass of the mother's blood was tainted with variolous infection: dr. LEAKE is inclined to believe that *hereditary diseases* are not so frequent as generally imagined, and draws an illustration by what may be observed in vegetables, where two plants, of different qualities, both draw their nourishment from the same pot of earth; the one, for instance, a *deadly poison*; the other friendly to the human body, or perhaps an antidote to the former: and adds a further exemplification, in the small branches of one tree being grafted into the stem of another; for the juices of the last, will from thence be so far divested of their natural qualities, by passing through difficult strainers, as only to produce the  
same

same kind of fruit, with that of the tree from which such branches were taken.

DIONIS says, that the *fœtus* in the womb is subject to the same distempers that the mother has, and if she has the small pox has them likewise: and this he adds, is so certain, that he has seen new-born children that had all the marks of them; but since his time, however, many instances have occurred in direct contradiction to this opinion.

CASE

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## C A S E XX.

I WAS sent for about six months after the above case, to a woman who had bespoke my assistance in her labour; she had gone her full time, and on the tenth day after the eruptions of the small pox was hastily delivered of a child by the labour pains, who had no marks of the small pox when born, but on the seventh day had the manifest symptoms, and afterwards, the disorder in a very mild degree. The 6th day after the eruption of the putrid small pox, on the 17th of April, 1774, I was called to attend a woman, who had suddenly miscarried in the eighth month of her pregnancy of a dead child, on whom were evident marks of that disorder; the woman sunk, and died in a few hours after the abortion. Vide dr. SMELLIE, vol. 2. no. 7. case i. and ii.

Dr.



DR. LEAKE observes, that those who are seized with the small pox in the pregnant state, have generally much more easy and expeditious labour. He relates many instances in which this happened, and says, he never yet found it otherwise, in any case, where the labour was strictly natural. He remarks, that this cannot be owing to the general weakness and relaxation of the body; in consequence of which, the child meets with less resistance in the birth; for if so, the *uterus* would participate of the effect, and its expulsive force being diminished, the labour, instead of being soon over, would probably be rendered more tedious and lingering.

## C A S E    X X I.

I N the forenoon of the 7th of July, 1765. I was called to a lady, who, at the latter end of her fourth month, in consequence of a fall from her horse was seized with a flooding; she complained of pain and weight in the lower part of her belly, sickness, and an uneasy sensation in her loins. I desired she might be immediately put to bed, and after taking away a small quantity of blood from the arm, gave her a mixture of the tincture of red roses and *Syrupus e meconio*, ordering her for her diet weak broth, rice gruel, and other proper nourishment; in the evening she was much easier, and the *hæmorrhage* seemed entirely restrained, till about twelve o'clock at night, when she complained of slight pains, which recurred at short intervals,

intervals, and the flux appeared again, but in no considerable quantity: upon which she again took the medicine prescribed for her in the morning, and as before became more easy, and dozed quietly for some hours, when she was awakened by the return of a slight pain, which soon went off, and she continued easy till nine o'clock the next morning; when the *hæmorrhage* increasing, I was permitted to examine her, and found the *os tincæ*, notwithstanding the discharge, close shut. I had my apprehensions of the case, and acquainted the patient's husband and relations therewith. The pulse was weak, and I did not choose to hazard a second venæsection, therefore repeated the medicine, and filled the *vagina* with fine tow, soaked in *oxycrate*, by which the *hæmorrhage*, for the present, appeared checked, and the patient continued in a recumbent posture, and free from pain till the next day at noon, when I was sent for, and found my application forced out of the *vagina* by sharp pains, and the patient flooding very fast; the *os tincæ* I now found open enough to admit two fingers; she was

much lower than I had seen her at any time before, and appeared in a sinking condition. I again apprized her friends of the danger, and obtained their consent to attempt her delivery, which they seemed satisfied with the necessity of; and having placed her in a proper posture, by gentle degrees insinuated my whole hand into the *uterus*, broke the membranes, obtained the feet, and extracted the child. The *secundines*, with much coagulated blood, soon after followed. The patient was of a tender, delicate habit, and full ten weeks before she thoroughly recovered: soon after which she again became pregnant, at which she was much alarmed, and therefore, for some months after conception, by my advice, kept herself quiet, used but little exercise, and twice a day took a weak decoction of bark; and thus by caution and good management, was carried past the dangerous period to the full end of her time, when she had a natural and easy delivery.

BY filling the *vagina* with tow dipped in *oxycerate*, I have often checked the *uterine hæmorrhage*

*rhage* when all other means have proved ineffectual, and particularly so about two years ago, in the case of a lady in this place, who had lain in about a fortnight, and who, without any other apparent cause than waking in a hurry from a frightful dream, was all at once taken with a most alarming flooding. The gentleman who had delivered her was sent for, and to restrain the *hæmorrhage* had very judiciously given her internal astringent medicines, made use of ligatures to the extremities, and cold styptic applications to the parts and their neighbourhood, yet all to no effect: and in less than two hours cold sweats and faintings came on, and the danger seemed so pressing, that he advised my being called in; which I no sooner was, than I stuffed the *vagina* full of dossils of fine tow and *oxycrate*, kept the patient in a cool, still, horizontal posture, gave her an *opiate*, and the flux was stopped: on the third day afterwards the dossils came away spontaneously, the patient got strength, had no return of the flux, and has since got through two pregnancies without any similar complaint.—HOFF-

MAN tells us he succeeded in stopping a profuse *uterine hæmorrhage*, which had withstood every other method by passing up *pledgets of lint* dipped in a solution of the *colcothar of vitriol* as high into the *vagina* as possible; and as the patient afterwards conceived, and had a happy delivery, he observes, that the functions of the *uterus* were not in the least injured by the styptic power of this application.—LEVRET hit upon a very odd, but ingenious expedient, in stopping a violent flooding after delivery, which otherwise would soon have proved fatal:—he introduced a piece of ice into the *uterus*, which being struck with a sudden chill immediately contracted, and put a stop to the *hæmorrhage*.

M. LE ROUX, an ingenious surgeon at DIJON, in a work written professedly on this subject\*, depends chiefly on filling the *vagina* with dossils of linen or fine tow moistened with vinegar. In some cases he has introduced them even into the *uterus*, and with good success.

\* *Observations sur les pertes de sang des femmes en couches, et sur les moyens de le guerir.* 8vo. Dijon, 1776.

## C A S E XXII.

A WOMAN of a remarkable robust constitution, in the fourth month of pregnancy, by overstraining herself in the harvest, was taken with a flooding, attended with hysterical spasms, and grinding pains in her back and belly. I was sent for to her on the 27th of AUGUST, 1765. being the day after the attack: the flooding had been copious, yet her strength did not seem greatly impaired, and the pulse being pretty full, I ventured to take a few ounces of blood from the arm, emptied the intestines with an emollient clyster, and gave her an astringent mixture. A few hours after I called on her again, and was told that the flooding was much abated, and, that contrary to my advice, she had taken a walk into the fields. I

condemned her conduct in the strongest terms, and foretold that she would have reason to repent of it, which accordingly happened; for in the evening the flooding returned with greater violence, and she had a strong hysteric fit, followed by forcing pains. I examined her, and found the dilatation of the *os tinæ* scarcely sufficient to admit the tip of my finger: I gave her a draught of the Peruvian decoction, to which twenty drops of the *tinctura thebaica* were added, and desired she might be kept cool and quiet, and supplied with proper nourishment. This advice being carefully followed, and the flooding disappearing in the morning, no persuasion could prevail on the woman to keep her bed, or even her room; she declared herself perfectly well, again walked into the fields, and was again taken with all the symptoms as before, except that the flux was greater than at first, and the pulse more feeble, so that she fainted away: at this time the *os tinæ* was so much dilated, as to admit the ends of my two fingers; placing the woman in a proper position, I soon gained admission for  
my



my whole hand, broke the membranes, and with little difficulty effected the delivery of the *fœtus*, the *secundines* soon followed, and in ten days she was so well recovered as to pursue her domestic affairs, and has since borne several children.—The manner in which this woman increased her flooding, by motion, shews the great necessity of rest under such threatening circumstances; and, notwithstanding the event was more favorable, reminds us of a case of GIFFARD'S, 160, wherein he was so unfortunate as to lose the woman, after delivering the child, which he attributed to her restlessness, and flinging herself from one side to the other; a circumstance he adds, that much contributed to the draining; for in these cases, he justly observes, the patients ought always to keep themselves quiet and still, which much contributes to the stopping any hæmorrhage.

FOR ABORTIONS in the fourth month of uterine gestation, vide MAURICEAU, obs. 57. 104. 164. 235. 244. 362. 385. 414. 474. 551. dern obs. 116. 144. 663. dern obs. 91. and LA MOTTE, obs.

207. 216, 217. 356. & 357. — CHAPMAN, case xiii. speaks of a woman, who was taken with a flooding in the third month of a false conception, but was happily saved by being delivered of a firm fleshy substance. — The experienced LA MOTTE, to whose observations I have referred above, agrees with other writers, in the dangerous consequences arising from a flooding, during pregnancy: and gives the case of a woman, who, by a fall, was seized with a flooding, which was stopped, and the woman preserved by the immediate delivery of the child: he observes, that when the child is so small, it is not material which part is brought away first; but when it is large, as from the fifth to the seventh month, he advises the membranes to be broke, and the child brought footling. — In dr. SMELLIE'S 2d. vol. no. 2. case viii. mr. JORDAN, of FOLKSTONE, in a letter to the doctor, communicates an account of a woman, who was four months gone with child; she had been troubled with a slight flooding at times, for the space of three weeks, and miscarried of a *fœtus* before he arrived; and he understood that  
the

the *funis* had separated, and come away with the child: upon examination, he found part of the *placenta* in the *vagina*, so that the *os internum* was kept open, and that part which remained in the *uterus* adhered so closely to it, that he could not separate it without some difficulty: immediately after this separation the woman was eased of her pain, but some time elapsed before she recovered her strength: in case ix. the same gentleman gives almost a similar instance of a flooding and miscarriage: also, case xi. MR. HENGESTONE, of IPSWICH, in a letter to the doctor, describes a woman in the fourteenth week of her pregnancy, whom he found much weakened by a flooding; being able to introduce two fingers into the *os internum* he broke the membranes, in hopes, that by diminishing the contents of the *uterus* he might stay the *hæmorrhage*; but was obliged to introduce his hand a second time, and empty the womb of its contents.—M. PUZOS, an eminent FRENCH writer, says, “ he has seen women, who “ evacuated each more than six or seven pounds “ of blood in less than twelve hours, before the

“ *ovum*

“ *ovum* has been discharged ; therefore, says he,  
 “ when the patient has pains, and the *os uteri* is a  
 “ little open ; when the floodings are attended  
 “ with weakness, and when there is no longer a  
 “ doubt of the separation of some parts of the  
 “ *placenta*, we ought to proceed to the delivery,  
 “ which is then necessary, and must be per-  
 “ formed, however little disposition there should  
 “ be towards it ; because, if we should commit  
 “ this operation to nature, which always acts  
 “ slow in flooding, we should lose a deal of  
 “ precious time.” — PORTAL, obs. 81. relates  
 the case of a woman, afflicted in early pregnancy  
 with a violent flux of blood, followed by a *fœtus*  
 inclosed in its membranes, like an egg without  
 the shell.

## C A S E XXIII.

AT any period of pregnancy, a detachment of the *placenta* from the *uterus* must be productive of abortion, which oftener happens during the first months than afterwards, but seldom so early as the sixth or seventh week: a case of this kind occurred to me the 14th of FEBRUARY, 1766. the woman, according to her own calculation, which was as usual from the last eruption of her menses to the time of her abortion was about the seventh week; she was of a delicate habit, and upon suffering a particular disappointment in her affairs, spasmodic contractions ensued, attended with a small flooding, and at intervals slight pains in the belly, loins and thighs; the pulse was weak and contracted: I desired her strength might be supported by nutritious fluids; such as  
saler,

falep, calf's feet-jelly, and veal broth, taken cold without salt or spices; that her drink might be of a cooling kind, and her mind kept as composed and still as possible. I likewise recommended a decoction of the bark with an *opiate*, to be taken at proper periods, and desired that the cloths might be saved. I left her till ten o'clock in the evening, when I found that some large *coagula* had been discharged by the pains. These were supposed to be the whole that could be expected to come away, as the attendants imputed the case to a *false conception*: this, however, was a point which did not appear sufficiently evident to me, and I again desired the cloths might be preserved for my further inspection, and the medicine repeated till I should see her again in the morning; when, upon visiting her, and examining the linen, I discovered an *ovum*, which contained an *embryo* about the size of a kidney bean, in which, by the help of a glass, the *contours* of the human figure in miniature were very curiously conspicuous. The flooding lessened gradually, and the woman soon recovered.

D R.

DR. BURTON has, with much accuracy, endeavoured to shew the regular progress of the *fœtus*. MAURICEAU pretends to determine the proportional increase of *fœti in utero*; but his calculations, at best, are very uncertain: and in obs. 297. he says he saw a *fœtus*, of about ten weeks, that was alive, moved its arms and legs, and opened its mouth; the whole *ovum* was as big as an hen's egg, from whence it may be judged to be about five or six weeks at most. — HIPPOCRATES, \* HARTMAN, SCHURIGIUS, HARVEY, KERKRINGIUS, RIOLANUS, RUYSCH, and many other writers, are very curious upon the subject of *embryology*: and dr. JOHNSON has given no less than eighteen histories of abortions, in all of which he had the curiosity to weigh the *embryo* and *fœtus*, and has given a very particular account of each.

LA MOTTE, obs. 208. informs us of a young woman about six weeks gone with child, who

\* M. N. C. DEC. iii. an. 9. & 10. obs. says, an *ovum*, that was the length of a finger, was full of clear water, in which was an embryo, of the length of the last joint of the little finger.

was

was seized with a flooding after great fatigue and a fright; the flux lasted two or three days, and at length was so great, as to require manual assistance, which means she was delivered of a kind of little bladder, like a hen's egg without a shell, wherein was a minute *fœtus* of the bigness of a bee; the flooding lessened gradually, and she recovered.

IN the course of my practice, I have often attended women with the signs of abortion, before the end of the third month; and frequently, when call'd in time, prevented a miscarriage by bleeding, according to the state of the case, keeping the patient in an horizontal position, and advising the proper use of astringents, opiates, corroborating and laxative medicines; but when the *hæmorrhage* has been very sudden and violent, wetting many cloths in an hour; the pains forcing; the patient's strength much reduced, and her spirits depressed with grief; if she was not young or healthy; but of a lax or leucophlegmatic habit; subject to hysterical disorders, liable to faintings; or, when membranous appearances, attended



attended with pain, came away with the sanguineous discharge, an exit of the *ovum* has generally ensued: and, indeed, under this last-mentioned circumstance, I never recollect to have met with an instance, in which the woman did not miscarry; correspondent with which remark, I find the opinion of the experienced dr. LEAKE, who speaking of the false *chorion's* investing the exterior surface of the *placenta*, &c. says, that it may be laid down as a practical rule, *without an exception*, that whenever a large quantity of this tender vascular membrane comes away, attended with pain and a sanguineous discharge, it infallibly denotes a separation of the *placenta* from the *uterus*, and the patient will therefore necessarily miscarry.

FOR examples of abortions, from the eighth to the tenth week, vide MAURICEAU, obs. 77. 154. 297. 508. 694. dern obs. 20. & 144. and GIFFARD, obs. 154.

DIONIS, speaking of the after birth in an abortion at the end of two or three months, observes,

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that

that if it comes not away of itself, 'tis not worth while to be concerned at it, for it is not big enough, he says, to occasion any mortal symptoms.—In some cases it may happen to the contrary; but, I am of opinion, from experience, that, in all abortions at or about the third month of pregnancy, the *placenta* will generally come away with the *fœtus*; or, so soon after it, as scarcely ever to make its retention an object of very material consequence.

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CASE XXIV.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

" 4th. JULY, 1766.

" DEAR SIR,

" **P**ERMIT me to relate a very  
" extraordinary case, which occurred to me the  
" 21st. of last month. The wife of a tradesman  
" in an adjoining village, was suddenly, without  
" any apparent cause, attacked with a flooding in  
" the eighth month of pregnancy; the dif-

P 2

" charge

“ charge was at first but very trifling, and a mid-  
 “ wife was sent for, who finding she had no  
 “ pains, took little farther notice of the case, but  
 “ left the patient, and desired to be called again  
 “ when she had pains, as nothing, she asserted,  
 “ could be done without them. Two days thus  
 “ elapsed, in which time the flux had increased so  
 “ much, that she had wetted several cloths; and  
 “ finding herself now and then in pain, and be-  
 “ ing weakened by the discharge, the midwife  
 “ was sent for again, and examined her; but not  
 “ being able to give any satisfactory account of  
 “ the matter, the husband, after much persua-  
 “ sion, prevailed on his wife to let him come for  
 “ me; it unluckily happened, that at that time, I  
 “ was six miles from home. The man, however,  
 “ came after me, and I made the utmost speed  
 “ with him to his house; where, just as we  
 “ arrived, the midwife met us at the door, and  
 “ was afraid she said, I was come too late, for  
 “ the woman was flooding to death, and she could  
 “ feel no child. Her neglect in not sending  
 “ sooner, became the subject of some alterca-  
 “ tion

"tion between her and the husband, whilst I  
 "visited the patient, and found the flux had  
 "been very violent; but the pulse was not so  
 "low as might have been expected, and the wo-  
 "man, who before had been terrified with the  
 "imprudent prognostic of the midwife, seemed  
 "now to entertain a dawn of hope from my  
 "assistance. I examined her, and found the *os*  
 "*tincæ* largely dilated; and, by the touch of a  
 "soft, pappy substance, perceived it to be the  
 "*placenta* which presented. I immediately ac-  
 "quainted the husband of the danger, fore-  
 "warned him that the event was extremely un-  
 "certain, and, that I thought the delivery should  
 "not be deferred, but wished for the advice  
 "and assistance of an experienced man midwife,  
 "whom I named to him; he rejected my pro-  
 "posal, obligingly declaring, he was resolved to  
 "trust in me alone, and if his wife died that he  
 "would not blame me. This was a confidence,  
 "however, which I could gladly have dispensed  
 "with, and which fill'd me with much care and  
 "anxiety; the woman suddenly fainted away,

“ The emergency of the case seemed every  
 “ moment more pressing, and finding that imme-  
 “ diate delivery was the last expedient to save the  
 “ patient; I placed her in a proper posture, and  
 “ gently endeavoured to insinuate my hand into  
 “ the *uterus*, by the side of the protruding *pla-*  
 “ *centa*, but it was so firmly attached all round to  
 “ the *cervix uteri*, that I was reluctantly obliged  
 “ to use some force in passing by it; having done  
 “ which, I ruptured the membranes, and immedi-  
 “ ately found one of the child’s hands in mine;  
 “ but the feet being the object of my enquiry  
 “ I passed it by, searched for, and brought  
 “ them down into the *vagina*, and effected the  
 “ birth, as is usual in preternatural cases. The de-  
 “ livery took me up exactly six minutes; during  
 “ which time, the woman had two fainting fits,  
 “ and from the last, I really thought she never  
 “ would have recovered; but soon after the  
 “ birth had the happiness to see her revive a lit-  
 “ tle, and take a small glass of red wine and  
 “ water. As there could be no doubt of the en-  
 “ tire separation of the *placenta* from the *uterus*,  
 “ and

“ and the *hæmorrhage* still continued, I thought  
 “ it best to lose no time in the delivery of it,  
 “ therefore brought it forth with all possible care  
 “ and expedition.—The flooding stopped imme-  
 “ diately on the delivery; since which it is now  
 “ a fortnight; and as the woman is naturally of a  
 “ good constitution, and every day gets stronger,  
 “ I have no doubt of her thorough recovery;  
 “ the child, which was small and weakly, sur-  
 “ vived only five days.

“ I am, &c.”

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## THE ANSWER.

" DEAR SIR,

" I AM favoured with your case of  
 " the *placenta* presentation, attended with a flood-  
 " ing, which is one of the most melancholy cases  
 " that the practice can afford; for whenever  
 " there is an adhesion of the *placenta* to the *cervix*  
 " or *os uteri*, the worst consequences may be  
 " dreaded.—The expeditious manner of deliver-  
 " ing the child was the undoubted means of  
 " saving the mother's life—as the *hæmorrhage*  
 " recurred, you was justified in bringing away  
 " the *placenta* without loss of time.—An un-  
 " happy instance of the like kind, with this  
 " difference only, that the woman had got to her  
 " full



“ full term, came to my share about two years  
 “ ago—another practitioner was employed, who  
 “ finding the *placenta* offer, sent for me; the wo-  
 “ man had flooded very freely, was much weak-  
 “ ened, and at times had little pains; the *os in-*  
 “ *ternum* was sufficiently dilated, to distinguish  
 “ the presenting body, and a speedy delivery  
 “ was agreed on between us as the safest expedi-  
 “ ent; but the instant the *os internum* was  
 “ stretched for the introduction of the hand, the  
 “ flux came on so rapidly, that although not a  
 “ moment was delayed in the delivery of the  
 “ child and *secundines*, the woman expired ere  
 “ the first was well over — providentially such  
 “ cases rarely happen. I congratulate you on  
 “ your success; and am, &c.”

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GIFFARD, case xviii. speaks of a woman, who  
 flooded, and had been seized with convulsions;  
 he found the *placenta* separated from the womb,  
 and at the *os internum*: upon which he passed up  
 his hand, delivered the child by its feet, and  
 saved

saved the mother : also case 115. he mentions a  
 flooding in the eighth month, in which he suc-  
 ceeded by turning the child, and bringing it  
 footling ; and here he first begins to entertain an  
 idea, that the *placenta* sometimes adheres to the  
*os internum*, and not always to the *fundus uteri*. ac-  
 cording to the almost general opinion of writers on  
 this subject before his time : case cxvi. furnishes  
 him with a fresh proof of the *placenta's* adhesion to  
 the *os internum* ; he passed his hand by it into the  
*uterus*, and by delivering footling, saved both  
 mother and child : case cxli. he speaks of a  
 flooding in the eighth month ; the child was  
 brought footling, but the woman died nine hours  
 after the delivery ; his case ccxv. represents a very  
 bad flooding preceding delivery ; wherein the  
 child was brought forth, but the mother died soon  
 after its birth : and in case ccxxiv. he gives a  
 flooding previous to the delivery ; when upon  
 passing his hand through the *os internum* he felt  
 part of the *placenta* adhering round about it,  
 which induced him to give an opinion in a point  
 of MIDWIFERY, in which he differs from most of the  
 authors

authors who had written on that subject; it is generally believed, he says, that the *ovum*, after its impregnation and separation from the *ovarium*, and its passing through the *tubâ fallopiana*, always adheres and is fixed after some time to the *fundus uteri*; in this case, the *placenta* adhered and was fixed close to and round about the *cervix uteri*, as he had found it in many other cases; so that upon a dilatation of the *os uteri*, a separation has always followed, and hence a flooding naturally ensues: it has been observed, continues this author, that the *ovum*, if it is stopped in the *tubâ fallopiana*, and does not readily pass through, will sometimes adhere to the *tube*, (tho' it is very rarely it so happens) and there makes its *nidus*, and a *fœtus* will be formed there; of which he has given an instance, where a *fœtus* was formed, and contained several months in a *sacculus* out of the womb; so likewise, if the *ovum* passes thro' the *tube*, and falls into the womb, it may adhere to the sides of it, or near its neck, as well as to the bottom; but most commonly it is fixed at the bottom of the womb, as being the part where  
 the

the blood vessels are largest and most plentiful, whereby the *fœtus* must, of consequence, receive most nourishment. After giving this opinion, he closes the case which led to it, by informing us, that he brought the child, which was dead, footling, and saved the mother: it is in his case clvii. that GIFFARD relates the particular history of the *fœtus* contained in a *sacculus* without the womb, and protruded thro' the *anus*. CYPRIANUS has a surprizing case, wherein he saved a woman with an *extra uterine fœtus*. Vide SMELLIE'S *extra uterine fœtusses*, vol. ii. coll. 5. CHAPMAN also, p. 129. produces an extraordinary instance of a child that was delivered at the *anus*, about six or seven months old;—there is likewise an account of an extraordinary abortion, by mr. MONRO, in the Medical Essays and Observations of EDINBURGH, and of *hæmorrhages* of the womb, stopped by *pulv. styptic.* *Helvetii* given in drops according to the exigencies of the case; it is much recommended by dr. ALEXANDER THOMPSON, of MONTROSE; who also tells us, that he has prescribed it in the *fluor albus*, and  
been

been surprized at its good effects: and, that it is composed of equal quantities of the alum and *sanguis draconis*, the alum being first melted in a crucible, and the *sanguis draconis* added to it, and then powdered together in a mortar. How contrary to this practice is the opinion of dr. LEAKE, who appeals to common experience for the injury done by *styptic medicines* given to restrain internal *hæmorrhages*; and endeavours to prove, by their action on the vascular system, that, they must necessarily increase the flooding. He gives a case, in which *sacc. saturni* was particularly injurious to a lady labouring under the *fluor albus*, as well as an immoderate flow of the *menfes*; instead therefore of bracing the vascular system by *styptics*, he recommends *sedatives*: to this end, he advises the fourth part of a grain of *emetic tartar* to be given, and repeated by due intervals, so as only to excite a slight nausea without vomiting: also, the *saline draught* with *nitre*; or, the *sal sedativus* of HAMBURGH, from five grains to a scruple. Much respect is due to dr. LEAKE for his observations on the nature and  
treatment

treatment of *uterine hæmorrhages* ; and, it were sincerely to be wished, that the practice he has here recommended was established beyond a doubt ; especially, as it is well known, according to his own assertion, that *internal hæmorrhages* will often, at last entirely cease, without the assistance of any medicines whatever, especially when profuse. In the Medical Observations and Inquiries, art. 32. p. 369. we meet with a curious case of an *extra uterine fœtus*, described by mr. JOHN BARD, surgeon at NEW YORK, in a letter to dr. JOHN FOTHERGILL, and by him communicated to the society : and in the same useful and instructive collection, vol. iii. art. 33. p. 341. the account of an *extra uterine fœtus* is given in a letter to dr. HUNTER, by mr. WILLIAM HEY, at LEEDS. Dr. SMELLIE, vol. iii. no. 2. case iii. gives an instance of a violent *hæmorrhage* in the eighth month of pregnancy ; the *placenta* presenting at the *os uteri*, and by the neglect of an eminent doctor it proved fatal to the poor woman ; notwithstanding our author brought away the *fœtus* in the most tender, careful, and expeditious manner : in case x. of the same no. we also meet

meet with an instance of a flooding; the *placenta* presented; the woman was delivered by mr. GR——, who sent the doctor the history of the case, and the woman recovered beyond expectation.—

Mr. MUDGE, of PLYMOUTH, in letters to dr. SMEL-LIE, has given four cases of flooding; in the third of which the woman was attacked with a flooding in the eighth month; the child's arm presented; the child was delivered footling, and the woman recovered: and in the last case, the *placenta* presented, the woman was in imminent danger, the child was brought footling, and the woman recovered: also, in case 16. in a letter from dr. D——. is given an account of a flooding, in which the *placenta* presented; the *fœtus* was immediately turned, the feet brought down, the body and head delivered; but in spite of all his endeavours bad symptoms supervened, and the woman died on the fourth day after her delivery. — PORTAL, in his second observation, has mentioned the case of a woman, who was afflicted with an excessive flooding in the eighth month of her time; she was in the greatest danger, he there-  
fore

fore introduced his hand, broke the membranes, which were full of water; and after having found the child's feet delivered the woman, but the child was dead: in obs. 29. he gives another instance of a *uterine flux* preceding labour, which had continued three weeks successively; he found the *placenta* in the neck of the womb, a violent pain forced the head thro' the after-burden, and he safely delivered the woman: not long after which he tells us, he was called to a gentlewoman in the eighth month, also labouring under the same circumstances, whom he likewise safely delivered: in obs. 39. he was more unfortunate in the case of a gentlewoman, whom he found without either sense or motion, having been afflicted with a violent flux of blood nineteen days successively; she had no chance left but that of a speedy delivery, which he effected without much difficulty, but the patient died soon after: in obs. 41. we find he likewise delivered a woman near her full time, labouring under a violent flux of blood, and with much difficulty saved her: in obs. 51. he tells us of the delivery of a  
 woman,



woman, reduced to the utmost danger of her life by reason of a most violent flux of blood; he broke thro' the membranes, and with some difficulty delivered the child, both which, as well as its mother, did well: and here our author, after advising a speedy delivery in all cases where the *uterine hæmorrhage* is very violent, makes the following curious observation: "that among all the different sorts of non-natural births, our present case is one of the least difficult; because the membranes not being broken before you meet with the child in the waters, it must consequently easily be turned after their opening; besides, that the coming away of the waters moistens the passages, and consequently promotes the delivery."

IN such cases as he here recites, can any thing be more shocking than the apparently perilous state of both parent and offspring, at a time when they are mutually parting (by the gradual stream or hasty flood) with the very essence of their existence; the mother, perhaps, scarcely

saved with the greatest skill, judgment, and dexterity; and the child, notwithstanding the utmost care and tenderness, most probably destined to premature destruction; the uterine flux, together with the evacuation of the waters by the rupture of the membranes, will undoubtedly occasion such a relaxation of the parts as to lessen the muscular resistance to the entrance of the hand; but will the feeling and considerate practitioner (and I trust, there are very few without the finest feelings and most tender consideration) take upon him to declare such births the least difficult and tremendous, which must necessarily fill the mind with the most sensible care and anxiety. But, on the other hand, in some measure to mitigate this stricture, perhaps it is necessary to confine our authors meaning, merely to the operation of delivery alone.

IN obs. 69. of the last-mentioned author, is described the delivery of a woman eight months gone with child, who, by a violent flux of blood, was reduced to a miserable condition, and with  
much

much difficulty saved after he had delivered the child by its feet: and in his last observation, he mentions the delivery of a gentlewoman seized with a violent flux of blood in the seventh month of her time: and afterwards again, towards the eighth month; in both which cases the patient, although in the greatest danger, was safely delivered, and restored to her former health: in the year 1683. he likewise affirms to have delivered no less than five women under the same circumstances, *and not one died.* Vide LA MOTTE, chap. 16. obs. 237, 238, 239, & 240.

The following instance of the *placenta* presenting before the head of the child occurred to dr. JOHNSON, in MAY 1767.—when he came, he found the head of the child close to the *os vaginae*, preceded by the membranes, distended with the *liquor amnii*, and a part of the *placenta* extending from the *pubes*, mostly from one side of the *symphysis* before part of the head. The patient had been in labour three hours, during which time, though the *os uteri* had been gradually dilating,

lating, and the head advancing along the *pelvis*, yet there had not ensued any considerable loss of blood, for there was not one cloth wet: but whilst the head came through the *os vaginæ*, the discharge was so copious as to wet three, notwithstanding the time was but very short; for having broke the membranes close to the edge of the *placenta*, which was now not far from the centre of the orifice, the *liquor amnii* flowed, and by the help of three or four pains the child came forth, immediately attended by the *secundines*: the child was but of a small size, and judging from circumstances, had probably died about the beginning of labour.

MAURICEAU, in his chapter of floodings, advises speedy delivery as the only means to save the woman and child under such alarming accidents: — and GUILLEMEAU, in chap. 13. of his second book of happy deliveries, makes mention of six or seven histories to confirm this verity.

CASE

## C A S E    XXV.

**F**EBRUARY 19, 1769. I was sent for to a woman who was about six months gone with child, and from a fright two days before had been seized with a flooding; the system was weakened by repeated miscarriages, and she had never before proceeded farther than the fourth month: she was taken with continual pains in her back and belly, attended with retchings and frequent shiverings; she had flooded so much as to be quite languid and faint, and at times had cold sweats. The pains were now small, with regular intermissions, and bore down; her belly it was observed was greatly sunk; she had not felt the child for many hours, and had

complained of the sensation of a large loose lump falling from side to side as she moved. Considering her former state of health and present situation, I gave it, as my opinion, that there was little or no probability to save her, even by delivery; but, that I thought it ought to be attempted, as the only method which could give her a chance of life, and without doing it was to surrender her to certain death. Having met with the full concurrence of her husband and relations, after lubricating my hand, I passed it up to the *os uteri*, which I dilated gently with my fingers, so as easily to obtain a passage for my whole hand into the *uterus*, where, upon rupturing the membranes the child's feet presented, which I immediately brought down, and the body and head followed with little difficulty; the *placenta* came away almost instantly; the child was livid, and appeared to have been some time dead; for many hours after the delivery, although the *hæmorrhage* was but very trifling, it was difficult to keep life in the patient; sometimes the pulse was totally imperceptible, and she had scarcely power

power to swallow a tea spoonful of any liquid ; the pulse, however, gradually returned, and got more strength as the draining abated, and after some time she could swallow a large spoonful at a time of a cordial mixture I had prepared for her ; by the help of every suitable remedy, which her weak condition required, and a diet of the most nutritious kind, in about five months after her delivery she recovered a state of health beyond expectation ; but becoming again pregnant, altho' every means were used, which a tender and relaxed habit required, and proper precaution taken to prevent shocks of every kind, she unhappily contracted a putrid sore throat, suddenly miscarried in the beginning of the fifth month, and died of flooding in a very few hours after ; and I was informed, that the marks of putrefaction were the next day so intolerable offensive, as to make it necessary to inter the corpse with all convenient speed. — LA MOTTE, obs. 211. gives the case of a woman, seized with a great flooding in the sixth month of her time ; he found the arm of the child hanging out of

the *vagina*, which he returned, and found the feet; but, notwithstanding this, the *os tinæ* was so hard and inflexible, as to prevent the delivery, till he had made a decoction of some emollient ingredients, over which the patient was to sit on a close stool; by which means the orifice was relaxed, and he introduced his hand without any trouble, took hold of the feet, and drew them out with ease. The woman, he adds, was abroad six days after, as if nothing had been the matter with her.—In dr. SMELLIE'S 2d vol. no. 2. case vii. we meet with the account of a woman he attended, who was very much weakened by a constant draining of blood from the *uterus*, which had begun two months after conception: the *os uteri* being open, and the membranes pushed down with the waters, these last were pierced with a pair of scissars, and the waters being discharged, the *uterus* contracted so, that its vessels no longer poured forth their contents, and came in contact with the body of the child, which was delivered when the pains returned. In the third volume of the same author, no. 2. case i.



case i. he mentions the case of a woman he was sent for to, who was attacked with an *hæmorrhage* from the *uterus* in the sixth month of pregnancy, occasioned by a fall from a horse; the discharge at first was small, but the next evening it was increased with slight strainings, which, however, by proper care, abated; but, nevertheless, for several days she had a bloody *serum* continually draining; and eight days after she received the fall he was called in great haste, when she had discharged a large coagulum of blood, followed by a violent flooding, which still continued. He advised another gentleman of the profession to be called, who came accordingly, and, it was their joint opinion, that it was necessary to deliver her as soon as possible; but the *os uteri* not being dilatable, the attempt proved, for the present, ineffectual, and it was agreed to keep her alive by suitable nourishment, till the parts should grow more soft and yielding, or the labour become more vigorous; the flooding returned about nine or ten at night, but was soon restrained by fifteen drops of liquid  
laudanum.

laudanum. She continued in this way for three days, the flooding returning four or five times, and abating on repeating the draught. At the end of this period she was again attacked with another violent discharge, which did not abate as formerly; now finding the *os uteri* softer, and, to appearance, more yielding, a second trial was made, and the hand introduced into the *uterus*, the membranes broke, the child was delivered, and the woman saved with much difficulty, after continuing many days in a weak and low condition.

PORTAL, obs. 43. speaks of a woman he was called to in the sixth month of her reckoning, who was troubled with a violent flux of blood, when he found it necessary to deliver by searching for the child's feet, which he found, and accomplished the delivery in the usual manner, and the woman did well.

## C A S E    XXVI.

**A**BORTIONS, from the sixth to the end of the ninth month, it is generally allowed are attended with more danger to the mother than at any earlier period of pregnancy; and through the whole of his practice it has been observed, that the skilful man-midwife will seldom meet a trial, which can prove a truer criterion of his skill and dexterity, than that of conducting his patient safely through a case of this kind, when happening between the sixth and seventh month; because the cavity of the *uterus* is commonly so small, and its orifice so very thick, and sometimes rigid, as but seldom to admit the hand with such facility and quickness as sometimes the exigency of the case requires, e. g. MARCH 14, 1770. I was called to a woman who was between six and seven

seven months gone with child, and who, three days before, was attacked with a flooding, which she imputed to a violent cough. The flooding had been copious, but it was now somewhat abated. She was rather plethoric, tho' naturally of a good constitution; and although she had lost much blood by the flux, the pulse was still in a state to justify venæsection, which I performed, and, on examination, found the aperture of the *os tincæ*, but very small, thick and rigid to the touch. I desired she might be kept still and easy, and that night gave her a few grains of *pil. Saponac.* and as she objected to its form as a pill, dissolved it, and gave it her in a draught of *aqua hyssopii*. I also ordered her a pectoral drink of sliced figs and stoned raisins, together with a pectoral mixture, of which I recommended the taking two or three spoonsful when the cough was most troublesome. I called on her in the morning, and was pleased to hear she had rested better than for many nights before; that the cough was much appeased, and the flooding had been but little. I pursued my plan of giving her opiates at  
night,

night, and pectorals occasionally, besides laying proper injunctions on her diet and regimen. As the flooding for five days had been very trifling, recurring in small quantities, perhaps once or twice only in twelve hours; and the state of the pulse, to which I paid particular attention, remained tolerably good, I began to conceive hopes of entirely restraining the *hæmorrhage*, and of safely conducting her to her full time. As she lived at a distance, and from motives of oeconomy, desired my attendance at such times only as she should send to desire it, I heard nothing more from her till three weeks after my last visit, when I was suddenly called upon to attend her with all speed, as the flooding had returned, and she was in great danger. I understood upon the road by the messenger, that another practitioner had the day before accidentally called in upon her: and, although he was told that I had attended her, and saw my medicines in the house, he very officiously advised another bleeding, which was performed, and a greater quantity of blood taken away than the patient's

patient's strength could bear; for the *uterine hæmorrhage* was much increased, attended with no pains but an emission of *coagula*. The pulse was much sunk, and the woman reduced to extreme danger: upon examination, the *os tincæ* felt thick and rigid, but was enough dilated for the admission of two fingers. She was seized with a fainting fit; I informed the patient's friends of her danger, and desired the assistance of a gentleman of long experience in the practice of MIDWIFERY, who was immediately sent for, but at that time so much indisposed as not to be able to go abroad. The business was now become very serious, and of the last importance, there was no time to be lost; the discharge increased, another fainting fit ensued, and the woman appeared to be sinking apace: upon which I employed my utmost efforts to gain admittance into the *uterus* for my whole hand, which I could not effect without much trouble: upon rupturing the membranes a prodigious quantity of waters issued forth; I found the head presented to my hand, I pushed it up, and

passing

passing by it, found the feet: but do not remember to have met with greater difficulty in any preternatural delivery that ever occurred to me, being obliged to employ the blunt hook, both in the delivery of the shoulders and head, owing, I apprehend, solely to the stubborn resistance of the *os uteri*; for the *pelvis* was well formed, the child but small, and the woman had before brought two children at their full time; the child appeared to have been dead some time; the symptoms continued, and the *secundines* not following the delivery, I introduced my hand and brought them away. The woman revived soon after the delivery, and drank a cupfull of warm rhenish wine and water: for many weeks after, she continued in a low and weak way; but by the help of restorative medicines, and a nourishing diet, at length recovered; and seems truly sensible, that she must inevitably have perished, if means to save her had been longer delayed. MAURICEAU remarks, that where the orifice of the womb was soft, thin, and equal, the patient generally recovered; but if

the

the contrary, she often died.—*PEU* is of the same opinion, and pronounces death to the patient from his own experience, when violent force, in such cases, is employed to dilate the *os uteri*: this case, however, happily proved one exception to the rule, which that experienced accoucheur has deduced from his own practice.—This case was communicated in a letter to *DR. MACKENZIE*, who approved of my conduct in the treatment of the patient: and asks, if the difficulty of delivery, as the child had been some time dead, might not proceed from its being swelled? but as I did not see that the child was in any part particularly tumified, I think it is most likely, the trouble which ensued, arose from the uncommon thickness of the *os uteri*.—*GIFFARD'S* case 120. contains an instance of a flooding in the seventh month, wherein the mother was reduced to the last extremity, but was delivered by turning the child, and at length recovered. In case 186, of the same author, we meet with another flooding in the seventh month, where the child was brought footling, was dead, and the woman recovered.



covered. And in his last case, he also treats of a flooding, where one arm and part of the *placenta* slipped down below the *os internum*; the patient was in the seventh month of her pregnancy; he delivered the child by its feet, and the *placenta* being detached from the *uterus*, easily followed the birth of the child; notwithstanding which, the unhappy woman continued draining, and died soon after the delivery.—Dr. SMELLIE, vol. 3. no. 2. case ii. gives an account of his being called to a woman who was attacked with a flooding in the seventh month of pregnancy. She had flooded for several days; at length, fainting and cold sweats coming on, the doctor, at the desire of her friends, with the most forlorn hope of success, delivered the *fœtus*, but not without using such a degree of force as to tear the *os uteri*, which gave him much concern, as in an instance of a similar kind, the woman died soon after; but here, contrary to his expectation, considering the low condition she was in at the delivery, this patient recovered.

FOR further examples of *uterine hæmorrhages*, see the celebrated HOFFMAN, vol. iii. p. 183. obs. 1. GIFFARD, cases 19. 25. 41. 82. 84. 85. 88. 135. 184. 208. & 209.—CHAPMAN, case 10. recites three distressing instances; one, of a person, who died by flooding three weeks before her account, altho' he delivered the child footling; but she had lost so much blood before he was consulted, that she expired in the moment of delivery: the second, of a gentlewoman, who also died by flooding, occasioned by her delivery being delayed: and the third, of a lady, who died in the same way, thro' the ignorance and obstinacy of the midwife, and by losing of blood at the arm in two several operations, although she had sustained the loss of prodigious quantities of blood by the *uterine* discharge.

## C A S E XXVII.

**E. M.** WAS taken in labour about six in the morning of the 24th. of OCTOBER, 1772, and soon after sent for the midwife who used to attend her; the pains continued but trifling till eight o'clock the following morning, when they recurred much sharper and faster, and the membranes suddenly giving way the waters were evacuated: soon after which a duplicature of the *funis* prolapsed into the *vagina*, and a flooding began, which was at first very moderate, and so slightly regarded by the midwife, that she attributed it to the *shews*, and accounted it a good sign; and was so very ignorant of her business, that tho' she found the *funis* in the *vagina*, she had not esteemed it a matter of much consequence; at length, however, the flooding increased, and the

woman grew weaker and fainted away, which soon filled the friends and attendants with apprehensions for her safety, and they thought it proper to require my assistance. The midwife could give no account of what part presented, and took not the least notice of the situation of the *funis*, which I found prolapsed without the *vagina*, at least, to the length of three inches, and discovered by the touch, a round, soft body, with a separation in the middle; being the *nates* which presented, anteriorly to the mother: and indeed they could not be well mistaken, both by the smooth and fleshy feel, and the great discharge of the *meconium*, which had appeared for some time before I came. There still remained a weak pulsation in the chord, which I endeavoured to replace, but in vain; I therefore did not hesitate a moment, to give it as my opinion, that the delivery ought to be accomplished with all possible expedition; to which proposal, all present acquiesced; I therefore had the woman placed in a suitable position, and with no great  
deal

deal of trouble brought one foot down into the *vagina*; the second, however, for some time eluded my search; but at length I secured it, and desiring an attendant to keep a pressure on the patient's belly, as the *uterus* emptied, proceeded as in other preternatural births, and delivered the child; about ten minutes after which the *placenta* came away with very little difficulty; the patient had once fainted during her delivery: I gave her a little mulled wine, by which she was much revived; but, though every possible care was taken of her, it was many weeks before she entirely recovered; she has since lain in twice, but neither of the children survived the month. The child was small and weakly, and only lived to the third day. One circumstance attended it, which I never met with before, nor since, viz. a most extraordinary deficiency of skin round the navel, so that the peristaltic motion of the *viscera* was very visible.—I find that RUYSCH has particularly observed this disorder of the *fœtus*, and gives no less than three different instances of it, but never

could cure it; for, says he, every infant thus affected has passed from the womb to the grave, within the space of six, seven, eight, or nine days. He distinguishes this disorder from the *hernia umbilicalis*, and, as a palliative, advises *emplastrum diapompholigos*, or the like, which has not too great a tenacity, lest by adhering too firmly to the thin skin, it might rend open a passage for the contained *viscera* to prolapse.—

GIFFARD, case xxiv. relates a very uncommon instance of a woman who had twins; the one born, and a great flooding succeeding; the other remaining in the womb, which he speedily delivered by the feet; but the woman being exhausted before he came to her, died soon after the delivery.—

CHAPMAN describes two other melancholy examples of flooding in time of labour; the first, where the woman, at her full time, fell into violent floodings, which so far exhausted her strength, that although he delivered the child by its feet as soon as possible, the patient died in six hours after delivery. The second, where a young lady, in labour with her first child, was

seized

seized with a flooding, and the arm of the infant presented itself; but by the neglect of the practitioner who attended her, was suffered to die of the *hæmorrhage* without any attempt to deliver her. But in another case which he gives us of a flooding in time of labour, although the woman had faintings every two or three minutes, to a very great degree, and oftentimes seemed quite gone; he delivered the child by its feet, and the woman being of a strong and healthy constitution, had the good fortune to recover.—

Dr. SMELLIE, vol. iii. no. 2. case iv. speaks of a woman, who was seized with a flooding in the time of labour; the arm and shoulder presented, and detained some of the waters after the membranes were broke; he pushed up the arm and shoulder into the *uterus*, raised them up to the *fundus*, brought down the legs, and delivered the child, which was small; but the patient was seized with a fainting, followed by convulsions, and died instantly. In case the sixth of the same collection, we find a woman attacked with a violent flooding in time of labour, the *funis*

fallen down before the head of the child, and the membranes not broke: upon which they were ruptured, the child turned and delivered; and the woman, after continuing in a weak and low condition for many days, was able to get out of bed in three weeks:—and in case vii. is likewise given the history of a woman in labour, attacked with a flooding, and the child delivered; but the woman being of a weak and delicate constitution, after continuing for eighteen or twenty days in a good way of recovery, was taken with a purging, continued languid after it, and died at the end of six weeks from her delivery. Coll. 35. of the same vol. case x. we find a face presentation; the woman exhausted by floodings, the *os uteri* snipp'd with the scissars, the child brought footling, and the woman died on the fourth day. In case xvi. he has also another instance of flooding, where the *os uteri* was snipp'd and tore, the child delivered footling, and the woman died of a looseness on the seventh day. In coll. 39. no. 1. case i. the doctor has related a most remarkable circumstance



stance of a flooding, wherein the woman died suddenly; the *Cæsarian section* immediately took place, but without effect; presently after, he presents us with another flooding case, where the woman died, and the *Cæsarian operation* was immediately performed, but with the same ill success as before. In coll. 42. no. 1. case i. is an account of a flooding, which was restrained by the help of opiates, and cold topical applications, and the woman was delivered by the labour pains. In case the second of the same collection, we find another instance of a flooding, which came suddenly on; and, notwithstanding recourse was had to the same means as in the former case, the woman being of a weakly constitution, fell into a second fainting fit, and expired: and likewise, case the third, he relates a flooding, occasioned by part of the *placenta* being detached from the *uterus*; by means of opiates the woman was lulled into rest, and in a little time delivered by the labour pains. Vide LAMOTTE, book v. chap. 4. and the same author, chap. vii. obs. 213, & 214.

CASE

## C A S E XXVIII.

A WOMAN, who had suffered much by a long laborious labour, in the morning of the third day, which was the 7th of APRIL, 1771. suddenly was seized with a fainting fit; I was sent for, and informed by the midwife, that the waters broke two days before that the pains had been very strong; that the head was low down, and they had expected its delivery every minute, but within the two last hours the pains had become much more feeble; the woman had appeared very weak, and twice fainted quite away, but no blood had appeared upon the linen; the pulse was small and low, and, upon examination, I found the head low advanced in the *pelvis*, presenting with the face to the *pubes*, which determined the situation of the ears; the  
extreme

extreme weakness of the woman, and as nature had been trusted as far as it was safe, after gradually lubricating the *perinæum* and *vagina*, in the most easy and deliberate manner, as the patient lay on her side, introduced one blade of the forceps, and soon after the other; when both were passed, and properly secured, the patient was turned on her back, and carefully supporting the *perinæum*, I effected the extraction of the head in the manner it presented, which was very large, and had blocked up a most amazing quantity of blood: indeed, it is impossible to conceive how the woman could sustain such a discharge, and be alive. The child was born alive, but lived only a few minutes; the woman was for some time extremely weak, but at length recovered. — Dr. BURTON remarks the case of a woman, to whom he was called, who had been long in labour, and all the symptoms of a woman's flooding to death, although the linen was not stained with blood; owing, he says, to the child's size so entirely filling the *os uteri* that none could pass; he delivered the woman immediately, and such  
a quantity

a quantity of blood was collected within the womb, that he was amazed the woman was alive.

DR. LEAKE has observed, that when the child's head for a time shuts up the *os uteri*, the patient may continue to lose blood profusely into the cavity of the womb, altho' none appears externally: and ALBINUS mentions a very extraordinary case, where only the centre part of the *placenta* being loosened, a large quantity of coagulated blood was lodged between it and the *uterus*, as it were in a bag; and consequently, not a drop was externally discharged, so as to foretell the danger.—When we come to consider floodings and abortions, we shall find that one is the frequent and most general consequence of the other; and, that the immediate definition of flooding is the detachment of some part of the *placenta* or *chorion* from the internal surface of the *uterus*, either from some external hurt, debility, extraordinary passions of the mind, a natural bad habit of the body, or by taking medicines improperly; and

and, perhaps, with the design of procuring an abortion, which horrid and unnatural as it may seem, is, I fear, become too common a practice. For the particulars of *one* very extraordinary and fatal instance of this sort, the reader may consult CASE XXX.

## CASE XXIX.

**I**N the month of APRIL, 1768. a woman applied to me with a bubo in her groin, and ulcers in the nose and throat; she was in the seventh month of her pregnancy, had received the infection three months before, and been under the care of an empiric, who was either entirely ignorant of her real disorder, or had procrastinated the cure with a view of lucre; I ordered cataplasms to be applied to the tumour to bring it to maturation, and gave her inwardly a spoonful of the solution of corrosive sublimate, made with sixteen grains, dissolved in two drachms of spirits of nitre to a pint of brandy; and every fourth morning exhibited a mild laxative of manna, dissolved in infusion of senna. The tumour becoming prominent, the skin thin,  
and

and the fluctuation perceptible, I made an incision with a lancet through its whole length, and cut away the loose integuments with the scissars; afterwards dressed it properly, and in about three weeks it was entirely incarned; the ulcers in her nose and throat were much better, but not entirely well; and besides, she often complained of tension and pain in those parts. I was apprehensive that the virus, at this unlucky period of gestation, was not to be radically discharged: and, indeed, promised myself little more than to be able to keep it within bounds till after her lying-in, with which view I continued the solution till the day she was delivered of a female child, which at first had no appearance of the infection; but in less than a week the *labia* began to swell, and small blotches appeared in different parts of its body. As the mother of the child had plenty of milk, and except the soreness in her throat, was otherwise as hearty and strong as any woman in her situation could be, I advised her to suckle the child, which she did. At the end of three weeks I began to give her small doses

doses of calomel, with a view to raise a slight salivation, in which I succeeded to my wish, and continued the sputation eighteen days; in the mean time the eruptions on the child were daily anointed with an unguent composed of one drachm of white precipitated mercury, mixed in an ounce of axungia, flavoured with a small quantity of burgamot; and by these means, both woman and child were entirely cured of the disorder.—I have been since consulted in the case of a child three months old, who, by the exulcerations in its mouth and throat, it was plain had imbibed the disorder from the nurse. The woman at first denied the charge; but, upon examination, was found to have venereal warts without side the *pudenda*, and a violent discharge from the *vagina*. The child was immediately removed, and cured within a month, by taking a powder of one grain of calomel, and ten grains of sugar, every other night, in a spoonful of breast milk; and besides this, on every third morning, three drachms of manna in a little weak chicken broth.



IN the third volume of the Medical Essays and Observations, we meet with an account of a malignant *lues*, communicated by suction. MAURICEAU gives an instance of a young woman who had long had this disorder, and had once before miscarried of a dead child, which was rotten with the complaint; and who, still labouring under the *lues*, to a very severe degree, concealed her second pregnancy, and put herself under the care of a surgeon, who cured her by salivation, and she was afterwards delivered, at her full time, of a child, in every respect as healthy as if the mother had never had the least touch of that disease; from which example he infers, that a big-bellied woman may safely be taken in hand, and cured, if proper precautions are taken: he also tells us, that a friend of his, to whom he communicated the above case, asserted, that he himself, twice in the above case, had been successful in the cure of the women; and, that their children were well born, at their full time, without having the least impression of the venom in any part of their bodies: and further says,

S

that

that VARANDÆUS confirms to us this truth, in treating of women's diseases; where he precisely makes mention, that he had seen big-bellied women, who had this disease eradicated, by anointing with mercury, and salivation, prescribed by empirics; which may convince us, that this cure will easily have better success, when governed and managed by a skilful and experienced person.---- After all known, it is certain, that mercury exhibited during pregnancy, will always be a hazardous remedy; especially with patients of an irritable habit: and, from observations, which have been made from the practice of inoculation, above ten years ago, when it was usual to give pretty large doses of calomel, by way of preparation, it appears, that several pregnant women, who were among the inoculated, miscarried; which may serve as a caution under similar circumstances in future; at the same time, it may be worthy of remark, that the use of mercury may, most probably, be found less injurious, after the fifth month, than before; because the body is most irritable in the earlier months of pregnancy.

**CASE**

## C A S E XXX.

**E. S.** A maid servant, about the age of twenty-five, in the morning of the 30th of SEPTEMBER, 1764. was seized with violent vomitings, and a prodigious discharge of blood from the stomach, which continued till the next morning; when frightened at the consequence of her enterprize, and afraid of dying, she desired the assistance of a midwife; who found her in a very weak condition, continually inclined to vomit, convulsed, with now and then small pains resembling those of labour, and a slight *uterine hæmorrhage*; she acknowledged to the midwife her being six months gone with child, but at that time nothing further. The woman examined, and found, as she imagined, something like the presentation of a shoulder; but

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having

having some suspicions of the bad practices which had been used, and fearing the woman would die under her hands in these deplorable circumstances, sent for me: soon after which I attended, and found the unhappy patient extremely low and weak, with a small intermitting pulse, cold clammy sweats, overwhelmed with horror; and sensible to what a degree of danger she had exposed herself, in a voice scarcely articulate, she told me she had suffered great pains, retched violently, and often brought up great quantities of blood, and had convulsions in her belly; the pains, she added, went quite through her at first: but since she had more bearing down, they were somewhat abated, but, that she had still a continual sickness at her stomach and an inclination to vomit: upon examination, I found a total separation of the *placenta* from the *uterus*, and the former as low as the *os externum*, which I brought forth immediately. The knees of the *fœtus* next pushed down, which, together with all its other parts, were, in less than a minute, easily delivered; notwithstanding the rupture which must have

have happened to the venal appendages, and the shock which the womb had sustained, I could not find that there had been any great *hæmorrhage* from it; the flux, from the first, being chiefly ejected by vomit *ex ore*; the *fœtus* had no livid marks upon any part of it, and did not appear to have been long dead: soon after its delivery, I gave the patient two spoonfuls of a cardiac mixture, which was scarcely swallowed, before she retched and threw it back, with the addition of, at least, a quart of chocolate coloured bile; soon after which, as I sat on the bed-side, I began to interrogate her upon the melancholy situation to which she was reduced; and told her, that I was fearful she had not acted right; perhaps, might have been imprudently prevailed on to have taken some medicine which had disagreed with her, and been the cause of all her illness; which, I was sorry to represent to her, as of the most dangerous kind; at the same time, I begged she would make an ingenuous answer to these enquiries, either to me or her mistress, who had felt much on her account. She desired it might

be to her mistress ; to whom, as well as after-  
 wards in my hearing, she confessed, “ That the  
 “ father of the child had brought her on the  
 “ Saturday night before, a certain black pow-  
 “ der, in quantity, nearly about as much as  
 “ would cover a half crown piece, desiring her  
 “ to take it in whatever she liked ; that it was  
 “ designed to save her reputation, by making her  
 “ miscarry ; that perhaps it might make her a  
 “ little sick, but, she must not mind that ; that,  
 “ agreeably to his directions, she did take it  
 “ in a little small beer, and, in less than half  
 “ an hour after, was first seized with a vomiting  
 “ of nasty, ill-coloured stuff, and then cast up  
 “ great quantities of blood, which she had since  
 “ frequently continued to do ; that a mist came  
 “ before her eyes ; she had a ringing in her ears,  
 “ struggling motions in her belly ; pains, which  
 “ sometimes caused a bearing down, and at others  
 “ darted through her ; frequent loose stools, ex-  
 “ cessive heat within side, parched throat, and  
 “ intense thirst : insomuch, that she had drank  
 “ several pints of water at a draught, which soon  
 “ came

“ came up again, and looked like so much pure  
 “ blood; that, soon after the vomitings began,  
 “ she had perceived a continual draining of  
 “ blood, like her monthly courses; but, at no  
 “ time, in any very great quantity, and that she  
 “ felt the child very distinctly about an hour be-  
 “ fore she took the medicine; but after the strug-  
 “ gling motions, which she before described, had  
 “ ceased, and, which she thought, were occa-  
 “ sioned by the child, she had felt nothing like  
 “ it.” She had scarcely finished this declara-  
 tion, before she was seized with rigors, cold  
 sweats, deliquia, and convulsions; and death, in  
 a few minutes, closed the tragic scene: thus died  
 this poor unhappy wretch, the miserable victim  
 of a criminal practice, (intended to conceal from  
 the world, a shame and disgrace) which, in its  
 consequences, terminated in untimely death, and  
 multiplied guilt. At the desire of her friends,  
 and with the assistance of another surgeon, I  
 opened the body: and finding a general erosion  
 of the *villi* of the stomach, an inflammation of  
 the *pylorus*, as well as of both the smaller and

larger intestines ; the *uterus* and urinary passages particularly disordered by the rough and violent operation of the medicine which she had taken ; and which, it was obvious, had been the death of both mother and child. We related these circumstances upon oath, before the coroner, who had been called in to make his inquest ; and the whole affair, at the following assizes for the county, underwent the examination of a court of justice. — DIONIS has observed, that those maids, who use means to procure an abortion, are guilty of a very great crime, and, that the difference of time does not alter the nature of it ; for, whether the soul has actually taken possession of the body, or, is only preparing to enter it, a BEING, which would have been made complete and perfect, is destroyed and murdered.--- The same author farther remarks, that if an abortion is owing to a disease, no-body can be blamed for it ; but if it is caused by medicines, such practice is utterly condemned by all men of sense, as most pernicious and unwarrantable ; for this is premeditated murder, and is by no means justifiable,



justifiable, even, though a maid, finding herself with child, should do it, to preserve her own, and the reputation or honour of her friends, and, by the laws of all nations, ought to be punished with death. He also adds, that those, who, for money, help others to such things, deserve the most exemplary punishment: and, that he, himself, saw a woman executed at PARIS for following this baneful and destructive business,

**CASES**

CASES xxxi, xxxii, and xxxiii.

COMMUNICATED

IN A LETTER TO THE LATE  
DR. COLIN MACKENZIE.

" MAY 21, 1765.

" DEAR SIR,

" **T**HE desire I entertained of  
" seeing the women recover, before I presented you  
" with the three following laborious cases, which  
" occurred to me within a short space of each  
" other, prevented my writing sooner; I now  
" enjoy that satisfaction, and permit me to beg  
" your

“ your attention to my method of proceeding  
 “ with each: to the first of these women my  
 “ assistance was bespoke; she is young, and this  
 “ was her first labour, which commenced with a  
 “ trifling pain, about four o’clock in the morning  
 “ of the 11th day of APRIL; at the same time  
 “ the membranes broke, and the waters were  
 “ evacuated; notwithstanding which she had no  
 “ recurrence of pain till six in the evening of  
 “ the same day, when she had frequent retchings  
 “ and very strong pains. I found the *os tincae*  
 “ very widely dilated, and the child’s head low  
 “ in the *pelvis*; the *pericranium* had a puffy *em-*  
 “ *physematous* feel, and the head so completely  
 “ blocked up the *pelvis*, that I in vain endea-  
 “ voured to find its true situation, by introducing  
 “ my finger on either side. The pains continued  
 “ strong and frequent, and as the soft parts were  
 “ sufficiently dilated, the *pelvis* seemingly well  
 “ formed, and the woman of a good constitution,  
 “ I could no otherwise account for the protrac-  
 “ tion of the head, than by attributing it to an  
 “ extraordinary bulk or particular ossification,  
 “ and

“ and waited till eight o'clock the next morning,  
 “ in expectation that the pains might still be able  
 “ to effect its advancement; but finding them  
 “ lessen and abate, and an incipient flooding  
 “ coming on, I began to think of the forceps,  
 “ and, as there was no guide for their direction, de-  
 “ termined to apply them, and deliver as well as I  
 “ could; yet, I found, that the head was so firmly  
 “ wedged in the *pelvis*, that I could not introduce  
 “ them without much hurt to the patient. I was  
 “ casting this over in my mind, when, with a  
 “ pain, by far weaker than many she had had  
 “ before, I gladly perceived the head to descend:  
 “ I now encouraged the woman to make the most  
 “ of her pains; which she did, and with the  
 “ help of three or four more throes, the head  
 “ lengthened in form of a sugar loaf, was in a  
 “ little time delivered, and the shoulders and  
 “ body, without much difficulty, followed. The  
 “ *funis* had given way at its insertion into the  
 “ *placenta*, appeared beginning to putrify, and  
 “ had two fast knots, one at one, and the other  
 “ at the other end of it; which, by obstructing  
 “ the

“ the circulation through the *chord*, most pro-  
 “ bably occasioned the death of the child : which  
 “ appeared to have been dead some days, altho,  
 “ during the labour, there was no other sign  
 “ of its death than the puffly *emphysematous*  
 “ touch of the scalp. The woman flooded very  
 “ much ; upon which I passed my hand, well  
 “ lubricated, through the *vagina* into the *uterus* ;  
 “ and having no direction from the *funis*, after  
 “ removing some coagula of blood which laid  
 “ in the way, I found the *placenta* adhering to  
 “ the *fundus uteri*, and gently endeavoured to se-  
 “ parate it with my fingers, but it was so very  
 “ putrid as to come away by piece meals ; a very  
 “ disagreeable circumstance, which occasioned  
 “ me much uneasiness ; however, by this means,  
 “ I had reason to believe I had entirely emptied  
 “ the *uterus*, as the flooding ceased ; and the wo-  
 “ man remained pretty well till the third day after  
 “ delivery, when she was suddenly seized with an  
 “ immoderate *hæmorrhage* from the *uterus*, at-  
 “ tended with a weak pulse, feverish heat, ina-  
 “ bility to speak, and great pain in the *hypo-*  
 “ *chondria* ;

“ *chondria*; I was much alarmed at finding her  
 “ in this disagreeable and dangerous state, and  
 “ the more so, as I found myself accused with  
 “ not having delivered the whole of the *placenta*;  
 “ which I began to fancy might indeed be the  
 “ cause of this unexpected flux; but, on exami-  
 “ nation, the *uterus* was found free from any re-  
 “ maining body, I therefore attributed her com-  
 “ plaints to a laxity brought on by the excessive  
 “ heat of the room, and ordered her to be kept  
 “ cooler; to observe an incrassating regimen,  
 “ and to take a draught of *Peruvian decoction*,  
 “ acidulated with *elixir of vitriol*, every five hours,  
 “ and at bed time prescribed an *anodyne*; the flux  
 “ was hereby restrained, she recovered her speech,  
 “ was weak and low for some days; but has, at  
 “ length, recovered without any other bad symp-  
 “ tom whatever.

“ THE second of these patients had likewise  
 “ previously informed me of her condition; that  
 “ she had borne eleven children, and was turned  
 “ of forty, and had never had one labour that  
 “ was

“ was not attended with some particular diffi-  
 “ culty. Early in the morning of the 18th of  
 “ APRIL, I received a message to attend her; and  
 “ after waiting some hours before she had any  
 “ thing of a pain worth noticing; I then examined  
 “ her, and found the *os tinæ* but little dilated,  
 “ callous to the touch, and the head of the child  
 “ above the brim of the *pelvis*; she told me she had  
 “ had slight pains at intervals for some hours be-  
 “ fore I was sent for, and that the waters broke  
 “ without any pain, as she was getting into bed  
 “ the preceding night, which I looked upon as  
 “ an unfavourable circumstance: at this instant  
 “ receiving a call, in great haste, to attend ano-  
 “ ther woman, I gave her twenty drops of the  
 “ *tinctura thebaica* in a cup of tea, and left her  
 “ for the present. The next morning, about six  
 “ o'clock, I was again sent for to her, and in-  
 “ formed, that if I did not make haste she would  
 “ be delivered before I reached the house: upon  
 “ coming to her, I found she had had very  
 “ strong pains for two hours past, and had  
 “ flooded so much, that she was very weak and  
 “ faint;

" faint; which was, indeed, too plain, by the  
 " paleness of her countenance, and the lowness  
 " of her pulse: I examined her directly, and  
 " the soft parts being completely open, was asto-  
 " nished to discover the face of the child pre-  
 " senting, with the chin turned to the *sacrum*, the  
 " forehead to the *pubes*, and somewhat elevated;  
 " the left ear to the right *ischium*, and the right  
 " ear to the left *ischium*. I had scarcely made  
 " my examination when she was taken, which  
 " determined me to deliver her with the forceps,  
 " and was just about to introduce one blade  
 " when she was seized with convulsions, which  
 " obliged me to desist; and as the symptoms  
 " were now so extremely urgent, fearing any  
 " farther delay might prove fatal, I resolved to  
 " open the head; and placing the woman as  
 " well as I could on her back, properly sup-  
 " ported, across the bed, although the attendants  
 " pronounced her a dead woman, I deliberately  
 " proceeded to perforate the *os frontis* with the  
 " long scissars, and then employed the blunt  
 " hook for the extraction of the brain; which  
 " being



“ being done, I carefully separated and removed  
 “ the loose sharp pieces of bones, that no part  
 “ of the woman might be lacerated as I ex-  
 “ tracted the head; which I first strove to do  
 “ with my fingers introduced into the cavity of  
 “ the *cranium*: and secondly, by the blunt hook;  
 “ but being foiled in both these attempts, I, as  
 “ expeditiously as possible, applied both blades of  
 “ the crotchets, brought their handles together,  
 “ secured them, and made the extraction: the  
 “ woman being the whole time in a fainting fit,  
 “ and convulsed, I immediately after delivered  
 “ the *secundines*, bound ligatures round the ex-  
 “ tremities, squeezed out a sponge soaked in  
 “ brandy wherein roch allum had been dissolved,  
 “ in the *uterus*; stuffed the *vagina* with tow dip-  
 “ ped in *oxycrate*, and as soon as possible got  
 “ her to swallow half a drachm of *extract* of  
 “ *bark* in an ounce and a half of weak cinnamon  
 “ water, which I continued every three hours  
 “ through the whole day; during which time I  
 “ never left her: in the evening she took a little  
 “ broth and spoke sensibly, which she had not

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“ done

“ done before, since her delivery ; had no more  
 “ fainting fits, nor convulsions ; and, by the  
 “ help of tonic remedies, is now in a fair way  
 “ of recovery.

“ THE third case, which I beg leave to trouble  
 “ you with, happened on the 28th of APRIL.  
 “ The patient was in her fiftieth year, and had  
 “ been eight and forty hours attended by a mid-  
 “ wife ; the waters were evacuated twelve hours  
 “ before I came to her ; she was grown faint  
 “ and weak, her pains had relaxed ten hours,  
 “ and were now so entirely gone off, that the  
 “ powers of nature were, apparently, insufficient  
 “ to expel the child. On examination, I found  
 “ the *os tinæ* largely dilated, the *vertex* advanced  
 “ low in the *pelvis*, and confined by the left *os*  
 “ *ischium* ; as there was no prospect of advantage  
 “ to be gained by delay, after ordering an emol-  
 “ lient clyster to empty the *rectum* of its con-  
 “ tents, I determined upon delivering her with  
 “ the forceps ; and placing her in a conve-  
 “ nient position, after lubricating the *perinæum*  
 “ and

“ and *vagina*, I proceeded to gently stretch the  
 “ parts, by passing my hand carefully up by the  
 “ child’s head ; within side this hand, I with the  
 “ other guided one blade, and in the same slow  
 “ and cautious manner, in a little time, intro-  
 “ duced the other, then locked them, and in the  
 “ extraction imitated in my operation the natural  
 “ progression of the labour pains ; by that means  
 “ disengaging the head from its confinement at  
 “ the *ischium*, turning the forehead into the hol-  
 “ low of the *sacrum*, and gently bringing out  
 “ the *occiput* from under the *pubes* ; the *perinæum*  
 “ was properly guarded, and I met with no far-  
 “ ther difficulty, The child appeared to have  
 “ been dead some hours. Query, Is it not pro-  
 “ bable, that the life of the child might have  
 “ been saved could it have received a like assist-  
 “ ance some hours sooner ? On the fourth day  
 “ after delivery, the *lochia* were obstructed by a vio-  
 “ lent *diarrhœa*, which had attacked the patient on  
 “ the preceding day, and weakened her so much,  
 “ that she spoke with difficulty, and scarcely  
 “ breathed ; she had cold, clammy sweats, and

“ was delirious, so that her neighbour pro-  
 “ nounced her at the last extremity. I applied  
 “ a large *galbanum* plaister over the whole *abdo-*  
 “ *men*, and gave her inwardly, as a deobstruent,  
 “ a solution of *asafetida*, in small cinnamon and  
 “ penny-royal water, and caused to be injected  
 “ every four hours, a clyster of rice water and  
 “ *electuarium e scordio*; by which treatment, the  
 “ next morning the *lochia* appeared afresh, the  
 “ diarrhoea abated, the delirium went off, and,  
 “ except weakness, a nervous tremor and sink-  
 “ ing, (to which, I am informed, when at the  
 “ best, she is subject) she is now in a fairer  
 “ way of recovery, than ever could have been  
 “ imagined.”

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## THE ANSWER.

" DEAR SIR,

" **I** AM extremely pleased you go on  
 " successfully in MIDWIFERY; and have no reason  
 " to doubt of its continuance, if you proceed  
 " with the same care and circumspection, as in  
 " the cases mentioned; which are, indeed, curi-  
 " ous, and well worthy being inserted in any  
 " collection. In your first case, the chief diffi-  
 " culty seemed to accrue from the large size of  
 " the head: deliveries are generally most happy,  
 " when the head is proportionable to the *pelvis*.  
 " In the second case, where the face presented, I  
 " should be glad to know if you found it easy  
 " to perforate the *os frontis*: and, if you found  
 " the *fontanelle*, and where, and the chin, &c.

" 'twas a case of much extremity, and required  
 " great fortitude. The face presenting, on ac-  
 " count of the uneasy access to the *cranium*, must  
 " make a most uncommon and difficult crotchet  
 " case. You certainly acted right, in not using  
 " the forceps on this occasion; as the stimulus pro-  
 " duced by them, would have been liable to increase  
 " the pain and fits. In the third case, the wa-  
 " ters were only evacuated twelve hours, which  
 " you know, is not a long time; what went be-  
 " fore serving chiefly to open the *os tinæ*, &c.  
 " You mention the *vertex* being low here; I beg  
 " you'll recollect whether you felt the ear, and  
 " where; as by its relation to the *pubes* and *ischia*,  
 " the head's situation is determined with certainty;  
 " what reasons could you have for believing the  
 " child to have been dead some hours? I ap-  
 " prove of your delivering the patient with the  
 " forceps: but, whether, or no, you could have  
 " saved the child by operating sooner, regards a  
 " part of MIDWIFERY, not yet cleared up with  
 " certainty; therefore, I desire this may be the  
 " object of your consideration, when called to  
 " laborious

“ laborious cases, i. e. to find out, if nature  
 “ succeeds oftener in delivering children alive,  
 “ than we do with the forceps, e. g. two wo-  
 “ men constructed alike, and agreeing entirely  
 “ in their labours; the head of the child en-  
 “ gaged in each fifteen or twenty hours; the one  
 “ delivered of a living child with the forceps,  
 “ the other of a dead one by nature: in this  
 “ case, the forceps seems to have the preference;  
 “ a few cases, relating to this affair, accurately  
 “ related, might be of use. In the first case, I  
 “ should be glad to know if the *funis* was short;  
 “ and remain, &c.”

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## MY REPLY.

“ DEAR SIR,

“ **I**N the second case, I met with  
 “ little difficulty in perforating the *os frontis*, but

“ was obliged to use some strength in opening  
 “ the scissars when introduced up to their rest.—  
 “ I did not discover the *fontanelle*, the chin was to  
 “ the *sacrum*: in regard to the flooding of this  
 “ patient, I must beg leave to refer you to that  
 “ part of my letter which relates to her case, and  
 “ it will appear, that the violence of the flood-  
 “ ing, previous to her delivery, was the principal  
 “ cause of all the bad symptoms which the pa-  
 “ tient then laboured under. I should have told  
 “ you in this case, that upon evacuating the  
 “ *uterus*, the *hæmorrhage* continued, which so  
 “ much added to the emergency of the case, as  
 “ to induce me, by all possible means, to re-  
 “ strain the flux. In the third case, twelve  
 “ hours, I must confess, was no very long time  
 “ for the evacuation of the waters; but then, if  
 “ if you please to remember, how little could  
 “ be expected from the pains: and add to this,  
 “ the excessive fatigue which she had undergone  
 “ from the length of her labour; I presume you  
 “ will readily grant the propriety of the extraor-  
 “ dinary assistance I had recourse to: in this  
 “ case,



“ case, one ear was to the *pubes*, and the other  
 “ to the *sacrum*, with the forehead to the right  
 “ *ischium*. My reasons for thinking the child dead  
 “ were substantially these : an evacuation of ill-  
 “ smelling *meconium* from the *uterus*; an un-  
 “ common laxity of the bones of the head, and  
 “ a separation of the *cuticle*; besides a universal  
 “ lividity of the whole body when delivered.  
 “ Now should it be granted, that the child was  
 “ alive ten hours before I came in, and had  
 “ been dead but eight of that time, it may rea-  
 “ sonably follow, that if my assistance had been  
 “ given eight hours sooner, as the circum-  
 “ stance of the case would then have equally in-  
 “ duced me to employ the forceps, the child  
 “ would, at least, have had a better chance of  
 “ being saved. You may depend on my making  
 “ the subject you proposed the object of my con-  
 “ sideration. The *funis* in the first case mea-  
 “ sured exactly thirteen inches.

“ I am, &c.”

THIS was the substance of my answer to the Doctor's Queries; with which he was pleased by letter to express his entire satisfaction. — When the head is enlarged, and the difficulty, as in the first of the above three cases arises from this cause; it may be reckoned a fortunate circumstance, that the pains are eventually sufficient to effect the entire descent of the head, without the assistance of art. Much of the delay, in this case, might also proceed from the shortness of the *funis*. — Dr. BURTON observes, that a bad formation, or corruption of the *umbilical chord*, may either kill the child, by not conveying the nourishment to it, or may separate the *placenta* from the *uterus*, by being too short, as mentioned by M. LITTRE, Act. Erud. Lips. Ann. 1706. where it was not above half its usual length: and MAURICEAU, obs. 301. affirms to have found one so short (*un Tiers d'aune*) that the child could not be brought forth without bringing the after-birth at the same time. The same case he met with soon after, obs. 406. but in this last, the *chord* was also as thick as the child's

child's arm, whose belly was quite flat and empty: again, obs. 549. he delivered another person, where the *umbilical chord* was not above one third of the usual length: and obs. 612. another had only half the right length: and likewise, obs. 640. one, whose *chord* was only half a foot; and he observed, this shortness always occasioned violent pains to the mother (as in obs. 662. & 687.) by the length of a tedious birth. It rarely happens that the *funis* is *knotted*, as was the case here. RUYSCH, obs. 11. mentions an instance of a *fœtus* being killed by knots on the navel-string. Mr. PEFIT Hist. Mem. de l'Acad. des Sciences, 1718. relates a case; where "the navel string of a human *fœtus* was shewn, which had a knot in its middle, and the marks of the parts that formed the knots could be observed; which proves, that the knot had been made long before the woman's delivery"; but, as, he does not say, whether the child was alive or dead—the danger which children are exposed to, when the *umbilical chord* is pressed, or the circulation intercepted by knots on the *funis*, is equally manifest

nifest as before.—Dr. SMELLIE, vol. ii. p. 335. mentions the death of a *fœtus*, from a tight drawn knot on the middle of the *funis*: he likewise speaks of delivering a live child, where there was a loose knot on the *funis*: and gives a case, in which the *funis*, being nine hands breadth long, had a loose knot on it, and was twisted round the neck of the child, which was dead; but does not impute its death to the knot or circumvolution, but to the nature of the labour; which was very lingering, the head being squeezed to a great length, and the brain too long compressed in a narrow *pelvis*. — DIONIS produces two instances of labours being protracted by the bigness of the head; in both of which attempts were made to put back the child, turn it, and bring it by the feet: but after the bodies of the children were fetched away, the heads, he says, remained behind in the womb, and could not be extracted but with the greatest violence, which occasioned the death of both. He further recommends patience in these cases; cautions against the use of instruments, till there are certain signs of the child's

child's death; and gives a particular account of a labour of this kind which happened at VER-SAILLES.—GIFFARD has published no less than sixty-eight cases: in all which, the deliveries were retarded, either from the bulk, or bad position of the head: of this number, we find three women delivered of live children by the force of the natural pains; six delivered, where the head was small, or the *pelvis* sufficiently capacious, one of whom only had a dead child: and fifty-nine were delivered by his extractor, forty-nine of which had live children —LA MOTTE, in obs. 123. & 242, gives two cases of the extraordinary size of the head; in both which he turned the child, and with great difficulty delivered the child: in obs. 245. he met with a case, where the size of the head was so great that he was obliged to deliver: obs. 247. & 248. contain two instances, where the head was locked in the passage, and required lessening; notwithstanding which, we find the same author advising, as the best and surest way, in the extreme bigness of the head, to pass the hand into the *uterus* by the  
side

side of the head, and bring out the feet; which is the more surprizing, when immediately after, in obs. 312. we find the difficulty which accrued to him; though he happened to be more successful in this practice in obs. 313. Vide SMELLIE, vol. ii. coll. 27. cases 1, 2, 3, 4, 5, & 6.—OULD, is of opinion, that if the expulsion be impeded by the disproportion of the size in the head and *pelvis*, or the mother's weakness, and not from any distortion in the form: and, if there be any reason to imagine, that the child is living; or, rather, if there be any certainty of its death; in this case, he recommends the forceps, gives some hints as to the choice of them, and directions as to their use. Vide PUGH, chap. xi. and ASTRUC, chap. ii. Turning the child, to deliver it by the feet, is in this case often difficult and dangerous, and seldom adviseable.

DR. SMELLIE, vol. iii. coll. 31. and case 2. exhibits an extraordinary instance of a face presentation; several trials were ineffectually made to bring the child footling; the forceps were also  
tried

tried in vain, and an endeavour was made to open with the scissars at the *os frontis*, which presented at the *pubis*; but the bones were so thick, that he could not make an opening sufficient to allow a discharge of the *cerebrum*: all these different methods failing, he introduced the two curved crotchets, one on each side, which tore open the bones of the *cranium*; then the contents were evacuated, the head was diminished, the *fœtus* was delivered, and the woman, he says, afterwards recovered, as if no such difficulty had happened. Another delivery of the same kind, in which the face presented, and the child, like the former, was delivered by the crotchet, follows in case 12. And case 23. in a letter to the Doctor, from Mr. H. dated ESSEX, 1752. we are told, that the face presented at the lower part of the *pelvis*, the forehead to the right *ischium*, and the membranes had been broke several hours before his arrival; he in vain endeavoured to bring the child footling, unsuccessfully tried the forceps, and, as he could not perforate the bones of the face and forehead, to make an opening

opening through the parts, he introduced a crotchet above the temporal bone, and at length, after six hours fatigue, in trying these different ways, he delivered the patient. Vide LA MOTTE, obs. 115. & 116. In reference to the third case presented to dr. MACKENZIE in my last letter, I shall quote CHAPMAN, case 16. in which the child came right, the head was far advanced and low in the *vagina*; the pains beginning to abate, and the woman being much weakened and fatigued, he introduced the forceps, and safely delivered the patient. For laborious cases, when the *vertex* presents, and the child's head is low in the *pelvis*. Vide dr. SMELLIE, vol. ii. coll. 24. cases 1, 2, & 3. and for laborious cases, when the head of the child is low in the *pelvis*, and delivered with the forceps, vide coll. 25. of the same vol. cases 1, 2, 3, 4, 5, 6, & 7. And for laborious cases of women, delivered by the forceps, the *vertex* presenting the ear to the *pubis*, vol. ii. coll. 29. cases 1, 2, 3, 4, 5, 6, 7, & 8.



## C A S E XXXIV.

**I**N the morning of the second of JANUARY, 1766. I was called to a woman in labour, who had been attended by a midwife, during the two preceding days and nights; the pains were good and strong, and the *os uteri* compleatly dilated, with the membranes entire, but they broke in time of a pain soon after I came in; the waters were evacuated, and the face descended low down into the *pelvis*, with the chin to the *pubis*: finding this the situation, and that the head, notwithstanding the pains, did not advance, I passed my hand cautiously into the *pelvis*, and in the remission of them raised up the head of the child, so as to be able to push the shoulders above the brim of the *pelvis*; by which means, I was so lucky as to alter the position of the face, and bring the *fontanelle* to present with the face to the *pubes*; and the child was soon after born alive, without any further trouble.

## C A S E    XXXV.

A YOUNG woman, big with her first child, was taken in labour the third of AUGUST, 1769. she had been attended by a midwife for many hours before my arrival; who informed me, that the child's breech presented, and that with her utmost endeavours, she could not make way for it; the pains were still pretty good, but the waters had elapsed the day before. The face, from its confined situation, and the rough handling of the midwife, was so exceedingly tumified, that it was hard to distinguish it; but after some time I discovered the chin to the *sacrum*: I endeavoured to change the position of the face, and bring down the *vertex* with the face to the *sacrum*; but it was in vain: and as the symptoms were not very pressing, I was unwilling to employ

ploy the forceps; I therefore encouraged and supported the patient, and waited the issue with patience, which proved fortunate; for, in about four hours, the expulsion was effected by nature, and the child born alive; but, never in my life, had I seen an infant so frightfully disfigured: the face was horridly black, and much swelled; the eyelids inflated, scratched, and torn; the eyes themselves bloodshot, inflamed, and so protuberant, as to appear ready to bolt out of their sockets; the nostrils wide enough distended to admit the tip of a finger; the upper lip swollen, and puffed up; and the lower lip torn, and hanging down on the chin: all which served as an evincing proof of the extreme ignorance, and rough and injurious treatment of the woman midwife; for there is not a case in MIDWIFERY, which requires more gentle and tender touching, than a face presentation: I made a future on the lacerated parts, and by embrocations and warm cataplasms, in a few days brought the poor child to a nearer resemblance of the human figure; but the eyes, to this day, retain the appearance of an unnatural projection.

jection. MAURICEAU presents us with a similar presentation; where the child's face, when born, was so black, and mis-shapen, that, he says, it looked like a black-a-moor; and, as soon as the mother saw it, she told him, that she always feared her child would be so monstrous; because, when she was young with child of it, she fixed her looks very much upon a black-a-moor belonging to the duke of GUISE, who always kept several of them; wherefore, she wished that, or, at least, cared not, though it died, rather to behold a child so disfigured, as it then appeared; but she soon changed her mind, when he satisfied her, that this blackness was only, because it came faceling, and, that in time, it would wear away; which it accordingly did.— In PORTAL, obs. 27. we meet with a face presentation, in which the woman was delivered by the labour pains: and in obs. 32. the delivery of a monstrous child, with the face foremost; which he accomplished with much difficulty, by means of a string, conveyed by his fingers, and fixed below the chin. GIFFARD describes a delivery, where

where the face presented first; it was sunk low in the *pelvis*, and the birth was effected by the throes of the woman; an eligible conclusion, and which it will be ever best to submit to in face cases, (which of all laborious births, are generally the most troublesome and dangerous) than to have early recourse to the application of instruments; an assistance, from which the judicious practitioner will ever recede, so long as nature can conveniently be trusted.—It will also be found both difficult and dangerous to attempt the bringing down the *vertex*, or by turning the child, deliver it by the feet. — DAVENTER, chap. 37. displays the manual treatment of infants coming into the passage with their faces forward, and makes a difference in the management of an infant offering its face first in a womb rightly seated, and in one that is oblique; a distinction, by the bye, founded rather in theory than practice; but the obliquity of the womb is found one of the most favourite topics of that respectable writer.

## C A S E XXXVI.

A LADY, of naturally a weak and tender constitution, was taken in labour of her second child the 19th of MAY, 1769. (six weeks before the time she expected) with her first child; she had been attended by a midwife, who was again sent for; and after having waited a day and a night, and finding the labour slow in its progress, the relations uneasy and dissatisfied, and the patient disheartened, and extremely low and weak, I was applied to in the afternoon of the next day; the membranes I found were entire, the head situated high in the *pelvis*, and the *os uteri* sufficiently dilated; she had a small pain, in which the membranes broke, and the head of the child, with the face foremost, descended into  
the

the middle of the *pelvis*; after which, for near an hour, no other pain followed, and the weakness of the patient seemed much to increase: in this situation, could I have thought that the pains would have come on forcibly enough to have given the *fœtus* a chance of expulsion, I should have done right to have trusted it to nature, or to have endeavoured to reduce it to a *vertex* case; but the extreme weakness of the patient induced me to push up the head, and search for the feet, which I found doubled upon the chest of the child, and taking hold of them delivered the legs, and the *pelvis* being well formed, and the child not large, the body and head followed, without much trouble; the child was weak, and lived only two days; but by prescribing to the mother, remedies to revive her exhausted strength and spirits, she recovered in a much shorter time than might have been expected. My success in this delivery, may reasonably be attributed both to the small size of the child's head and body, the happy formation of the *pelvis*, and the retention of part of the waters.

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## C A S E    XXXVII.

**I** WAS sent for on the 6th. of MARCH, 1771, by a midwife, to a strong, hearty woman, who, by a fright, had her labour brought on sooner than she expected by two months; she had been long, and was, at times, much convulsed. On examination, I found the *os tincæ* widely dilated, the membranes sound and entire, and the head of the child loose, above the brim of the *pelvis*; after waiting some time, and finding the convulsions increase, and little or no pain, I ruptured the membranes, and found the face present a little below the brim of the *pelvis*, in rather a lateral direction, with the chin to the *pubis*. I had her placed on her back, and pushing up the head to the *fundus uteri*, I cautiously brought down the legs, and delivered her, with little difficulty,

of



of a live child; the fits ceased soon after the delivery, and, notwithstanding the woman was restored to her former health, without any particular inconveniency from her lying-in: in two deliveries since, she has, in time of labour, been subject to convulsions, which have gone off soon after the appearance of the *lochia*. Although I was successful in the two preceding deliveries, I am very far from recommending turning in face cases; the propriety of which, as I have observed in case 35. can be but seldom justified; and much difficulty and danger will often accrue from extracting the head after the body is delivered; which is obvious in the following examples from dr. SMELLIE; who, in coll. 34. no. 2. case vi. has given a face presentation, with the chin to the right side of the *pelvis*; the waters, in this case, had been discharged many hours; the patient grew weak and fainted, and he endeavoured to deliver her, by bringing the child footling; but, as it was very large, he could not bring out the head, without the greatest difficulty: case vii. is also a face presentation, with the forehead above the *pubis*, and the chin forced

forced down to the concave part of the *sacrum*; by using great force the head was pushed up to the *fundus uteri*, the legs were brought down, and the child delivered as in the former case; the face was livid, and excessively swelled, but these went off in a few days. Coll. 35. case ix. he mentions the face presenting; the child brought footling; the abdomen swelled, and opened with the scissars; the hips pulled from the body, and this last delivered with the crotchets: again, in case x. of the same collection, the face presented, the woman was exhausted by floodings, the *os uteri* was snipped with the scissars, and the child brought footling; the woman died on the fourth day.

## C A S E XXXVIII.

ON AUGUST the 29th, 1772. in the evening, I was called to a woman who had been in labour several days, and was attended by a midwife; who not knowing the true situation of the child, and finding it could not be protruded by the force of the natural pains, at length, reluctantly consented to ask for further assistance; I found the face presenting, with the head so firmly locked in the *pelvis*, with the chin; however, fortunately below the *pubis*, that it was needless to use any force, or endeavour to alter its position; the waters had broke three days before, since which the pains had been very sharp and severe, but were now wholly abated, and the patient was become very weak, faint, and much exhausted. Upon enquiry,

enquiry, I found she had had no stool for the last two days of her labour: an emollient clyster, to empty the rectum of its contents, was therefore advised: soon after the operation of which, the forceps was the instrument I wished to use; but the head was so closely wedged into the *pelvis*, that I feared the woman might be much bruised or torn by the application of them; but the shock and apprehension which I felt at the thoughts of opening the head of the child; more particularly, as no evident marks of its death had appeared, overbalanced all considerations to the contrary, and resolved me on the expedient, to perform the extraction of the child, if possible, in the best manner I could by their help: the patient being, therefore, placed in a convenient manner, it was the most arduous task I ever experienced of the kind, to introduce the blades over the ear of the child; which being done, the handles were not locked, and secured, without much difficulty; and whilst one hand was employed in protecting the *perinæum*, by slow and gentle degrees, the head was delivered with the other; but not in-

less

less than half an hour, from the complete application of the forceps; the head being delivered, much obstruction accrued from the breadth of the shoulders, which were not brought along, till I had passed a finger on each side, as far as the *axilla*; and, even then, was obliged to use much pulling force before I could thoroughly gain my point: all these dangers and difficulties were, however, amply compensated; for, by the consideration of having saved the poor infant, which was born alive, with the face and head exceedingly black and tumified; but by suffering it to bleed freely from the divided *funis* before it was tied, and proper topical applications to the parts affected, the tumour was dispersed, the blackness went off, and both woman and child had a good recovery. I measured the length of the child's face, from chin to forehead, which was six inches and three quarters; and the breadth of the body, at the shoulders, was nine inches and a quarter.

## C A S E   XXXIX.

**Mrs. B.** WAS taken in labour of her first child in the morning of NOVEMBER the sixth, 1775. and soon after, a midwife, to whom she had previously spoke, was sent for; but being from home another was sought for, and procured, but not till late in the evening of the same day; through the latter part of which the woman had made violent efforts, which still continued, and the midwife promised to complete the business in a very little time; but after waiting till six the next morning, and the expectations of the woman and attendants being disappointed, and a general uneasiness then prevailing, it was thought necessary to send for me: and extremely surprised I was at the position in which I found the patient,

patient, who was seated high upon the bed doubled, with one leg over the back of one chair, and the other over the back of another: the midwife was seated between her legs, and assured me she had been working many hours, to get the child along, but to no purpose; her ignorance prevented the reprehension she deserved, and without altering the woman's posture, on examination, I found the face presenting, with the chin to the side of the *pelvis*, pretty low down, and very much swelled. The delivery had been sufficiently left to the labour pains, which were now grown considerably weaker, and the patient was very much exhausted, wept, and begged to be delivered: upon which, I altered her posture, desired that she might lie on her side, and, without much difficulty, in that situation, introduced the forceps, and fixed them along the ears, got down the chin to the inferior part of the *os ischium*, gradually brought it out from under the *pubis*, and delivered the head in the most deliberate manner, to prevent any injury being done to the *perinaeum* and fundament.

The

The child's face was very black, much swelled, and disfigured, but by proper remedies came to rights in a few days; the delivery of the *placenta* was accomplished in about half an hour after that of the child, and the mother recovered surprisingly well. — GIFFARD, case 174. gives a face presentation, in which he assisted in the delivery with his extractor. The face was very black, and much tumified by its lying so long pressed in the passage; he ordered it to be fomented with red wine warmed, by which the tumor and blackness was, in great measure, carried off. CHAPMAN, case 49. has a face presentation, in which the child was forced pretty low, and delivered with the forceps: and again, in case 56. he mentions another instance of the face presenting towards the *os pubis*; wherein he made an unsuccessful attempt with the fillet, and afterwards introduced the forceps, and delivered. — Dr. SMELLIE, coll. 30. describes a case of the forehead presenting with the face to the left side, and the *fontanelle* to the right, in which situation it had stuck for a long time, without making any progress:



progress: as the *pelvis* was large, he resolved, if possible, to alter the position of the head; and should that fail, to bring it footling: but the *uterus* was so strongly contracted, as to foil all his attempts, and he, at length, delivered with the forceps: in case 2. of the same collection, he also used the forceps when the face presented: and in the following one of the same kind, several unsuccessful attempts had been made to raise the head up in the *uterus* before he came, and he delivered with the forceps: in the next case, he tells us, the child's face was so swelled, that, at first, he took it for the breech; the woman's strength and spirits being exhausted, and the contraction and resistance of the womb too great to turn the child, and bring it by the feet, he introduced the forceps, and delivered the head, which was much tumefied. In the year 1752. the doctor, says, he was called to a woman, and found the face presenting with the chin to the lower part of the *sacrum*, so low down, as to protrude the parts of the woman in form of a tu-

mor; he introduced the forceps, and finding it impracticable to raise the head, was obliged to pull it along in the time of every pain, as it presented, and thus delivered the woman safely of a dead child.

CASES

CASES XL, XLI, and XLII.

COMMUNICATED

IN LETTERS TO THE LATE

DR. COLIN MACKENZIE.

" JANUARY 26, 1766.

" DEAR SIR,

" **I** TAKE the liberty to acquaint  
" you of a very particular case, now under  
" my care, which is as follows: on the 15th  
" instant, a young woman, of an adjacent vil-  
" lage, about the latter end of the sixth, or be-  
" ginning of the seventh month, in consequence

X 2

" of

“ of lifting a great weight, heard something,  
 “ suddenly, give a violent snap within her; she  
 “ had no pain at that time, but the next day  
 “ found herself listless, sick, inclined to retch,  
 “ and at intervals felt slight pains; which conti-  
 “ nuing to the *eighteenth*, and a larger discharge  
 “ of blood then ensuing, by the advice of her  
 “ neighbours, she applied to me: upon which, I  
 “ visited her, and found her reclined on a couch,  
 “ sick, weak, and costive; the pulse was quick  
 “ and small, and she had grinding pains in her  
 “ back, with an increase of the *uterine hæmor-*  
 “ *rhage* upon every little motion: having ob-  
 “ tained her consent, I touched her, but could  
 “ not find the *os tincæ*. I was informed that she  
 “ had been twice bled since her being with child,  
 “ once soon after the stoppage of her *menfes*, and  
 “ again, about a week before this accident happen-  
 “ ed; she was now too faint and low, to admit of  
 “ that operation being repeated: I therefore ordered  
 “ her rest, a recumbent posture, and a light nou-  
 “ rishing diet, gave her a small draught of the  
 “ tincture of red roses, with one drachm of *syrupus*

“ *e me-*

“ *e meconio*, and directed a repetition of the same  
 “ every six hours; for her costiveness, I prescri-  
 “ bed an emollient clyster, composed of new milk,  
 “ coarse sugar, and salad oil, which, as well as  
 “ the draught, was occasionally repeated till the  
 “ 23d instant; when, the *hæmorrhage* still conti-  
 “ nuing to recur, upon the slightest occasions,  
 “ I apprized her relations of the danger she was  
 “ in, and proposed calling in another practi-  
 “ tioner; but as he lived at a great distance from  
 “ me, and I was engaged at the time when he  
 “ attended the patient, have not yet seen him;  
 “ but understand, he bled her, and, with my  
 “ approbation, directed a continuance of the  
 “ draught and clyster, as occasion might require;  
 “ which has been complied with, but with little  
 “ success, for the patient certainly grows weaker,  
 “ and is more languid: in this critical situation,  
 “ I shall not fail in my constant attendance on  
 “ her, and shall acquaint you with the issue of  
 “ the case: in the mean time, beg to hear your  
 “ sentiments on the present state of it, which  
 “ will give me much satisfaction. I have just

" now seen the patient, and re-examined her,  
 " but the *os tinæ* still continues to elude my  
 " search; the flux does not increase in quantity,  
 " yet the pulse is the smallest I ever remember to  
 " have felt; notwithstanding which, the patient  
 " is in pretty good spirits, and, seemingly, ap-  
 " prehensive of no danger. I think it very re-  
 " markable, and extraordinary, that the *os tinæ*  
 " is not to be found; do you suppose, that the  
 " several stages of gestation are to be ascertained,  
 " with exact precision, by the examination of  
 " the *os tinæ*, when it is to be felt? Amongst the  
 " many ridiculous and superstitious notions en-  
 " tertained by old women, I know of no one  
 " more absurd, than that of attributing singular  
 " virtues, as a preservative against drowning, to  
 " the caul, with which a child is said to be born:  
 " at a labour, wherein I assisted a few nights  
 " ago, it was discovered, that the child was born  
 " with a caul, which was taken abundance of  
 " care of, and preserved with much solemnity.---  
 " On the second of this month, I received a mes-  
 " sage to attend the wife of a farmer, who was  
 " said

“ said to be very ill of the cholic; but instead of  
 “ that disorder, it turned out to be labour; and  
 “ the child being well advanced, was delivered by  
 “ the natural pains, was strong and healthy, soon  
 “ after suckd, and continued remarkably well.---  
 “ And about a twelvemonth since, I attended a  
 “ woman, who had borne several children before,  
 “ and explained to me, in every particular, her  
 “ reasons, for believing, that she had exceeded  
 “ her reckoning by, at least, five or six weeks;  
 “ she had a more laborious time than usual, and  
 “ a slow getting up. I mention these two cases,  
 “ because the first woman had been only married  
 “ eight months, and was unhappy, in not being  
 “ able to account for coming sooner than she  
 “ expected: and the second, having always  
 “ been remarkable, for making her calculation,  
 “ to almost a mathematical degree of certainty:  
 “ and further, because, I would wish to know,  
 “ whether, you look upon the term of nine  
 “ months, absolutely to be depended on; or, at  
 “ best, but an uncertain rule.”

## THE ANSWER.

“ DEAR SIR,

“ **T**HE case under your care is, no  
“ doubt, a disagreeable one; if a flooding comes  
“ on at any time before the ninth month, it is  
“ dangerous, and one of the most alarming symp-  
“ toms in MIDWIFERY; it often happens in the  
“ first three months, by the separation of the  
“ *placenta* from the *ovum*; but oftener from  
“ frights, falls, blows, &c. even the most trivial  
“ thing has brought on a flooding and mis-  
“ carriage; but at this time is seldom mortal;  
“ it often begins in very small quantities; then  
“ upon the woman’s lying in an horizontal posi-  
“ tion, ceases for some time: and then alternately  
“ flows



“ flows, and ceases again; and so on, till, at length,  
 “ the *os tinæ* is dilated, and the contents of the  
 “ *uterus* are discharged --- repeated bleeding is  
 “ likely to have been prejudicial to your patient,  
 “ and should ever be used with caution in a lax  
 “ and weakly habit: it is a practice recommended  
 “ in most times of pregnancy; but succeeds  
 “ best, and is most useful in complaints that  
 “ border on plethora: the FRENCH are so fond of  
 “ it, that they bleed the woman, at all times, even  
 “ when she is in the last hour of her time. As no-  
 “ thing interferes more with the MAN MIDWIFE’S  
 “ character, than floodings, so nothing should em-  
 “ ploy his care and attention more: and, indeed,  
 “ where they are extremely bad and dangerous, it  
 “ is adviseable to call in the senior practitioner.  
 “ You did very right to apprize the relations of  
 “ the danger, which, in these cases, it is always  
 “ best to do, as it serves to take off all reflec-  
 “ tion from the MAN MIDWIFE. If you can sup-  
 “ port the woman’s strength, and no violent hæ-  
 “ morrhage happens, she may do well: as she is al-  
 “ ready so much reduced, there is danger of fainting  
 “ fits.

" fits, and her dying, upon the first considerable  
 " increase of the flooding; nature, however, often  
 " does surprizing things. It is thought the *cer-*  
 " *vix uteri* contracts soon after conception. The  
 " *os tinæ* is easily felt in an unimpregnated  
 " state, as it also is for three or four months after  
 " conception; though it has, then, quite a diffe-  
 " rent feel, and becomes somewhat shorter: for,  
 " as before pregnancy, it was long and hard,  
 " now, you'll observe, it feels smooth and soft,  
 " and covered with a mucus; and it shortens in  
 " proportion to the woman's advancing to the  
 " period of her term. The time of a woman's  
 " being gone with child, will be known, with  
 " some degree of certainty, by the feel of the *os*  
 " *tinæ*; which, if unimpregnated, will be pro-  
 " minent, feel hard to the touch, and, by pressing  
 " on it, will easily remove, either upwards or  
 " laterally, from the finger; at the same time, the  
 " abdomen will be very soft: when a woman is  
 " about two months gone, it will be somewhat a  
 " little shortened, not move from the finger, and  
 " be a little moist: when she arrives at about  
 " four

“ four or five months, the *os tinæ* will then be  
 “ considerably shortened, and, by feeling on each  
 “ side of it, a hardness may probably be felt:  
 “ but, about the sixth month, it becomes still  
 “ shorter and moister: and, about the seventh or  
 “ eighth, extremely so: in the ninth month, it  
 “ entirely loses its size, and is only to be distin-  
 “ guished by a chasm that is left, around which the  
 “ child may be sometimes easily distinguished by  
 “ the touch, and through which the membranes  
 “ may be distinctly felt: instances have happened,  
 “ though very seldom, that the *os tinæ*, at the end  
 “ of the ninth month, has continued long; but,  
 “ even then, it is soft and moist, and will easily  
 “ open: when nothing is to be felt, it is a certain  
 “ sign, that the labour will be attended with diffi-  
 “ culty; this may, probably, be sometimes ow-  
 “ ing to a bad formed *pelvis*; but, on the con-  
 “ trary, has happened where the *pelvis* was well  
 “ proportioned. It can’t well be accounted for,  
 “ why labour comes on just at the end of nine  
 “ solar months; that is to say, why, at the ex-  
 “ piration of that time, the impelling force be-  
 “ come.

“ comes naturally so great: and why then, the  
 “ assisting power accrues; by the assisting power,  
 “ I mean the contraction of the abdominal mus-  
 “ cles and *diaphragm*. If a woman goes ten  
 “ days beyond her time, she has generally a dif-  
 “ ficult one. Authors agree, that the full time  
 “ of pregnancy, is nine solar months. MAURI-  
 “ CEAU is very curious, indeed, in this particu-  
 “ lar; and pretends, that a day, more or less,  
 “ produces something uncommon: in support of  
 “ which, he brings many cases. Women may,  
 “ occasionally, come before, or go beyond, the  
 “ usual period of gestation. The caul, you  
 “ know, is no more than a part of the mem-  
 “ branes. I shall be obliged to you for the re-  
 “ mains of the case; and am, &c.

LAMOTTE has two deliveries, where he could  
 exactly reckon the term of nine months; and  
 acknowledges, that it rarely happens, but there  
 are a day or two, more or less: again, in chap.  
 27. of the same author, he says, the term of  
 nine months is not certain, but only the most  
 frequent;

frequent; and thinks, the child may come at its full time, from the beginning of the seventh month, to the tenth, twelfth, and even thirteenth: and that it is always born at its full time, when it is able to live, and take the breast. Vide his book, obs. 71, 72, 73, 74, 75, 76, &c."

AN Essay on the evil consequences attending injudicious bleeding in pregnancy, has been lately published by dr. WALLIS. DIONIS tells us, that gossiping women are persuaded, that the children which come into the world with a part of this membrane (which they have denominated the caul) are more fortunate than others. MAURICEAU ascribes this accident to quick and easy labours, and to such women as drop their children, and bring them forth with the greatest ease; for then, says he, the child is not obliged by struggling to break the membranes, but brings it off, wreathed about its head, almost whole, which it could not do were the passage straiter; hence our author concludes, such a delivery

livery is equally happy, both for mother and child. Dr. BURTON, p. 12. has given us some very useful distinctions of the *os tinæ*, to be made by touching: and page 109. mentions the danger of not finding the *os tinæ*. SCHURIUS speaks of a person, who miscarried eleven times, yet, by proper *bleeding*, in her next breeding, brought forth a living child. HIPPOCRATES condemns venesection in pregnancy, especially if the woman is far gone: and the judicious MR. WHITE, of MANCHESTER, to whom much respect is due for his useful treatise on the management of pregnant and lying-in women, says, he is convinced that bleeding is too indiscriminately used, and too often repeated: and, that though it may, on some occasions, give immediate relief; yet, upon the whole, it must aggravate the complaints, weaken the patients, and render *them* more liable to putrid diseases; but would not be understood to mean, that bleeding is never necessary: in some habits, he says, and in inflammatory disorders, it certainly is so; particularly, if the patient complain of a sense of fulness, pain

pain of the head and back, with a strong full pulse, and has had a better appetite, and used less exercise, than before her pregnancy; but, even in plethoric cases, unattended with inflammatory symptoms, asses-milk, Seltzer water, elixir of vitriol, and an active life, answer the same purpose as bleeding; with this advantage, says our author, that they will obviate the present plethora, without favoring its return; which is a strong objection to frequent bleeding, at the same time that they strengthen and brace the solids. And a careful observance of this opinion may, undoubtedly, be attended with much salutary advantage, both in obviating the injuries, which may accrue in the pregnant state, from an injudicious use of the lancet, and by proving a proper succedaneum for bleeding, where the patient may entertain a particular aversion to that operation.

THE SUPPLEMENT TO  
C A S E XL.  
I N C L O S E D  
IN A LETTER TO THE LATE  
DR. COLIN MACKENZIE.

14 Feb. 1766.

“ DEAR SIR,

“ I CAN now inform you, with  
“ much satisfaction, that the patient we treated  
“ of, is in a train of recovery. At the close of  
“ my last letter, I told you of the very low con-  
“ dition to which she was reduced, and of  
“ my not being able to find the *os tinæ*, which  
“ equally eluded my search, till the fourth in-  
“ stant; when, upon examining the patient, with  
“ the fore finger of my left hand, as she laid  
“ upon



“ upon her right side in bed; at the same time,  
 “ making a small degree of pressure with my  
 “ right hand on the *abdomen*, the *os tinæ* ap-  
 “ peared to the touch very high up, moist, and  
 “ spread to the breadth of a shilling. The  
 “ astringent medicine, and emollient clyster, as  
 “ mentioned in my last, were occasionally re-  
 “ peated; but the draining continued at intervals  
 “ till the sixth instant; when the *hæmorrhage* sud-  
 “ denly increasing, I was called to her, and now  
 “ found the *os tinæ* lower down, and more open;  
 “ she had small bearing-down pains, with regu-  
 “ lar intermissions, of about half an hour. Af-  
 “ ter waiting with her three hours, the mem-  
 “ branes suddenly gave way, and the *nates* de-  
 “ scended so low into the *pelvis*, as to protrude  
 “ the external parts in form of a tumor, and,  
 “ with a little assistance, she was easily delivered  
 “ of a small child, which cried once, and ex-  
 “ pired immediately: soon after the flooding  
 “ came on afresh, and the patient fainted away;  
 “ when passing my hand gently up to withdraw  
 “ the *placenta*, I discovered the head of another  
 Y “ child,

“ child, resting upon the *pubes*; from whence it  
 “ was no sooner dislodged, than it followed my  
 “ hand, and was almost instantly delivered; the  
 “ *placentæ*, which were small, and joined toge-  
 “ ther by an intervening membrane, were  
 “ brought forth without much trouble; the  
 “ flooding ceased, the woman revived soon  
 “ after the evacuation of the *uterus*, and  
 “ every tender and necessary care having been  
 “ taken of her, her strength and spirits are so  
 “ far recruited, that she is able to sit up in her  
 “ bed, and receive nourishment. The head of  
 “ the first child was a size larger than the head of  
 “ the second; and, what was very extraordi-  
 “ nary, both its feet were turned up, flat and  
 “ close to the *tibia* of each leg; to which they  
 “ were connected by a strong membranous sub-  
 “ stance. It was born alive, but died soon af-  
 “ terwards.”

It is something remarkable, that in three suc-  
 ceeding pregnancies, this patient miscarried about  
 the end of the fourth month, and has since had  
 three children, with whom she went her full time.

CASE

## C A S E XLIII.

A POOR woman, early in the labour of her first child, sent for a midwife, in the morning of the third of MAY, 1767. the natural pains came gradually on; and in the evening of the same day, I was told, becoming sharper, and more powerful, the membranes broke, and such an uncommon discharge of water ensued, as to fill a large chamber pot, besides what was spilt upon her cloaths, and about the room. The pains relaxed, and the waters continued draining away, at times, in great quantities, till four in the afternoon of the next day: in this state of the case, I was consulted; the woman was fatigued, restless and hot, and much alarmed and terrified at the representations of the midwife, who had given it as her opinion, that the child

could not be born alive, nor at all, without the help of instruments; her officiousness, in repeated scoopings, for a great length of time, had made the soft parts of the woman much inflamed and tumefied; and, so tender and sore, that she could scarcely bear to be touched. The *ostinæ* was spread about the breadth of a half crown, and at its edges felt as hard as a board; the *vertex* was pretty low down, and presented to the *os externum*, with the forehead to the *sacrum*, and the head seemed very large: on every motion the water kept draining off, and in time of pain more considerably so. I never met with an instance of so much water; and concluded, that the too great quantity of it had, in great measure, prevented the contraction of the *uterus*, and thereby lessened the force of the pains; the woman was thirsty and costive: in these circumstances, I thought it proper to put her to bed, inject an emollient clyster, anoint the *labia pudendi* with *unguentum floris sambuci*, apply to the parts a cataplasm of bread and milk, and give her a neutral draught with *syrupus e meconio*, to

be

be repeated every three hours ; desired she would indulge herself in whatever posture was most agreeable to her, and be kept as still and quiet as possible : and further, to prevent any more rough handling, dismissed the midwife, and took the whole charge of the case into my own hands : the pains, though weak, recurred at regular intervals, and she rested moderately between them : in this state, full fourteen hours had elapsed, before I re-examined the *os tinæ* ; in which, an agreeable alteration was now effected, for it was much softer, and more spread ; and the head was somewhat more advanced, but squeezed into a long conical form : in about ten hours after this, the pains became quicker and stronger, and the protrusion of the head began to form : upon which, my principal care was the preservation of the *perinæum*, and the largeness of the child's head, as the forehead rose from under it, rendered it rather a difficult task ; however, by lubricating it, and making use of proper pressure, it was safely protected, and this part of the business happily accomplished, without the least hurt, or laceration ;

tion: the *placenta* was easily brought out, but had a particularity, which I never before or since remember to have observed in any one; for part of its external surface was vascular, and divided into small lobes: and, the other part, of a jelly-like substance, spread with vesicles fill'd with water; the *vertex* was lengthened in form of a sugar loaf, and measured from its apex to the chin, seven inches and a quarter; and laterally, from temple to temple, four and a quarter; the child lived, and the mother was so well, as to get up in good health in ten days: she afterwards informed me, that from the second month of her being with child, to the time of her labour, she had frequently had discharges of water, which differed from that she made by coming away involuntarily.—

Mr. JOHN ALEXANDER, of HALIFAX, in YORKSHIRE, in the third volume of Med. Comm. relates the history of an excessive discharge of water from the *uterus*, during pregnancy. For the bad effects of the waters, when they are in too great a quantity, vide LA MOTTE, obs. 309. & 310.—GIFFARD, case 186. gives an account of the  
bringing

bringing away of several large substances, formed from a great number of *hydatides* joined together by a loose *parenchymatous* substance. — RUYSCH, obs. 33. has published a very remarkable case of the *placenta uterina* degenerated into limpid *hydatides*, like a bunch of grapes, which he conceives to be nothing else, than the very minute glands of the *placenta* distended into watry vesicles; which, as he justly observes, is a disorder frequent enough in the liver, kidneys, and other glandular parts—the waters may often be too copious, as in the foregoing case, and by bearing down too heavily against the membranes, may occasion a premature rupture thereof, and thus occasion great protraction of the labour: under which circumstance, sufficient patience and forbearance, are to be esteemed as the best and safest means to procure a favorable issue.

## C A S E XLIV.

**T**HE subject of the case before us, was a poor woman, about three and thirty; she had been subject to \* ricketty affections in her infancy, and from her make and shape, it was easy to perceive, that the *pelvis* was not of the best construction; which was further confirmed by the report of her two preceding labours; in both of which, the destruction of the child had been the unavoidable consequence: in this her third labour, necessity had obliged her to have recourse to a woman practitioner, who had waited on her three days and nights before I was sent for, on the 27th of NOVEMBER, 1768. and then by order of a

\* It is to be observed, that women, who have the misfortune to suffer from ricketty affections in their infancy, commonly sustain some kind of distortion of the *pelvis*; though, every other part, there may not remain the least vestige of the disease.

parish



parish officer. The *os tinæ* was open to about the breadth of a crown piece, felt hard and rigid; and the *pudenda* were swelled and inflamed, by the ungentle handling she had suffered from the midwife; the waters had been gone off for many hours, and the *vagina* felt dry and constricted; the head presented with the *vertex* very high in the *pelvis*; and the woman, from the pressure of the *uterus* upon the neck of the bladder, laboured under a total suppression of urine, with a great sense of distension, for the last hour: upon which, I drew away near two quarts of water, with the \* female catheter; in the application of which, I am always directed by the *clitoris*, which is situated immediately under the *pubis*, and affords the surest guide to the introduction of this instrument; to alleviate the tumefaction of the parts, I used cataplasms and fomentations; the pains had been strong and forcible, but were now weak

\* Dr. JOHNSON, pages 112 & 257, has obliged us, in this case, with directions for the position of the woman: and also, very accurately described the manner of passing the catheter.

and

and trifling; however, with the help of an opiate, and by keeping the patient cool and quiet, I was in hopes, they might again acquire an increased force, make a change in the *os uteri*, and cause the head to descend farther down in the *pelvis*. It was a long time, from the rupture of the membranes, and the make and form of the woman, with the consideration of the difficulties which had accrued in her two former labours, and the present disagreeable circumstances which she laboured under, all conspired to prevent my forming a judgment the most favourable to the event; which, however, I had resolved should depend upon nature, to the utmost: I therefore summoned up all my patience, and after waiting with her near eight and forty hours; during which time, the periods of the pains recurrence, till within the last four hours, had seldom been less than ten, fifteen, or twenty minutes: the rigidity and swelling of the soft parts were much relieved by a repetition of the fore-mentioned topical applications; the *os uteri* yielded, tho' by hairs breadths, to the slow advances of the head, which worked itself down to  
a most

a most amazing \* elongation: however, I had the great satisfaction, by this slow, cautious, and deliberate manner of treatment, at length, to succeed in the delivery by the effects of the natural pains; the child was alive when born, but very weakly; and the dimensions of its head, from chin to forehead, were six inches and three quarters; but laterally, from temple to temple, scarcely three: the mother was a considerable time before she recovered her strength; soon after which she removed her situation to a great distance from me; and, in her next pregnancy, I am informed, endured an extraordinary lingering labour, was delivered by the assistance of the crotchet, and died of the *lochia* fever, seven days after her delivery. In the two preceding cases, as well as some others, which will appear in the course of this work; the injury, which manifestly arises from that pernicious custom of scooping; a practice, too prevalent with many

\* Though the narrow or distorted *pelvis* is often the cause of a lingering labour: under such circumstances it is really amazing to think what nature will frequently do when not interrupted in her process, when the *vertex* presents, and the pains are powerful.

ignorant

ignorant practitioners, shews the necessity of its ever being rejected, as it never fails to harden and tumefy the *os tinæ*, inflame the contiguous parts, and, without the least advantage, to irritate and fatigue the woman; a mischief, which should be ever carefully avoided: and surely, there is not a time, which requires our greatest tenderness, patience, care, and delicacy, more than in natural parturition.—RUYSCH, obs. 51. highly reprobates this practice, as conducive of the greatest danger; and cautions the midwife against every rough treatment, which may injure and inflame the *uterus*. Dr. OULD advises the motions of the fingers to be performed with the greatest caution; otherwise, he says, the edges of the orifice may be torn, which will produce miserable consequences; such as, violent pain, inflammation, ulceration, cancer, &c. and recites an instance of his being sent for to a woman, whose *after pains*, as she called them, continued much longer, and more violent, than usual: upon enquiry, he was told, she had a very difficult and tedious labour; and, that the midwife was obliged to work  
like

like a horse, as they expressed it, before she could deliver her; when the discharge of the *lochia* ceased, which was sooner than usual, by reason of her extraordinary pain; it was followed, he says, by that of a fetid, sanious, black *ichor*, which gave him terrible apprehensions; however, in some time, she was cured, by the help of anodyne deterfive injections, and taking some few medicines of the hysterical tribe, by the advice of her physician: some time after this, he adds, that she conceived, and employed him to lay her; whatever her labour might have been before, it was now very difficult: for, upon examining, he found a large callous *cicatrix* on the orifice, which made him dread the impossibility of its ever being sufficiently dilated, and which did not happen till after four and twenty hours close application; which he observes, serves to prove, that all the violent symptoms, which happened after her labour, were owing to the ignorance of the midwife, by lacerating the orifice of the womb: a most dreadful accident, which hap-  
pening

pening from whatever cause it may, either the preternatural position of the child, by too precipitate efforts to dilate it; or, by any other exertions of the ignorant and inexperienced practitioner, is always exceedingly dangerous, and often fatal.

**CASE**

## C A S E XLV.

**M**Y attendance to this woman was bespoke; it was her first pregnancy: she had been subject to convulsions when young, and in the latter end of the third month of her time, after having for some days past, complained of a violent head ach, and pain in her stomach, was seized with an epileptic fit, attended with foamings at her mouth, and strong spasmodic contractions of the whole body: as she was of a plethoric, sanguine habit, I took away twelve ounces of blood, and in the morning following gave her a laxative draught, ordered her regimen to be cool and diluting, and gave her a nitrous emulsion to take three times a day. On the twentieth day from the first attack the fit returned, but was not so violent as before; I repeated venæsection, and  
the

the next day ventured to give her six drachms of *vinum ipecacuanhæ*, which unloaded her stomach of a large quantity of dark acrid bile, and she had no return of the fit: her labour began in the afternoon of the nineteenth of SEPTEMBER, 1769. and soon after I was sent for; but being at a great distance from home, I did not reach her house till midnight, when she told me she had had many very sharp pains, been very sick, and sometimes felt as if her fits were coming, which had frightened her very much; the pains had acquired an increased force, and were now very strong: I examined, and found the *os tinæ* pretty largely dilated, and the membranes protruding in form of a bag; in the remissions of the pain, I thought the head of the child was the part I touched; but the membranes breaking, was soon convinced of my mistake, both by the touch, and the *meconium* which passed with the waters, and plainly discovered the presenting part to be no other than the breech; the natural throes still continuing powerful, the child, notwithstanding its preternatural situation, was very soon delivered,



delivered, with little or no difficulty. The woman herself, I found had long entertained an idea of bringing forth twins: and as the *placenta* was retained longer than usual, by examining the *abdomen* exteriorly, the uterine tumor was easily discovered not to be sufficiently diminished: upon which, after lubricating my hand, I passed it gently up the *vagina*, and soon perceived a second set of membranes, and, as I thought, the head of another child; the woman suddenly growing faint, and beginning to flood, I a second time introduced my hand, ruptured the membranes, and by my fingers slipping into the left *axilla*, found it was the shoulder, and not the head that presented: upon which, without withdrawing my hand, I deliberately searched for the feet, obtained them, and thus effected the delivery of the second child; both the children were born alive: the *placentæ*, which were soon after delivered, adhered so firmly and intimately together, that the vessels of one cake inosculated with those of the other; the only instance of the kind, which I ever remember to have met with. I left the woman in

a very good condition, and she has since had many children, with no extraordinary circumstance attending the gestation or birth of either. LA MOTTE'S obs. 220. contains a case, in many circumstances similar to the above. — PORTAL, obs. 17. has described a most extraordinary case of the delivery of a woman, seized with epileptic fits, without sense or motion: and another, of the like kind, wherein, with the approbation of two physicians, who attended the patient, by immediate delivery, the woman and child were both saved: he further adds, that the woman, not long after her recovery, was big with child again, and brought to bed without the assistance of a midwife; but the third time of her biggness, being in labour seized with the same fits she had in her first travail; and the surgeon sent for to deliver her, not daring to attempt the delivery, she perished, miserably, for want of timely help; for, though he was sent for afterwards, it was too late, both mother and child being dead before he came, either by the violence of the epileptic fits, or by an excessive flux of blood, where-

wherewith she was not afflicted the first time of her delivery: he opened the body, he says, and found all the internal parts without blemish, and therefore attributed her death to the excessive evacuation of the blood: he further observes, that the bladder being extended by the urine, and pressing upon the neck of the womb and its inward orifice, obstructs the free passage of the child; besides, when it is filled with urine, being squeezed by the head of the child, it produces most violent pains; to prevent which, he advises a probe to be passed into the bladder, to give passage to the urine: instances whereof he relates, from his own experience, in the cases of two gentlewomen: one of which, falling continually into fits, was no sooner freed from the urine, that had filled and distended the bladder, to the quantity of four pounds; but the pain ceased, together with the fits, and she was delivered within three hours after; though she died in five hours after that, without recovering her senses: an ulcer, he continues, upon dissection, was found in her brain, with an infection of the bones. The

other patient feeling excessive pains, without any prospect of a forward labour, he evacuated her bladder by means of a probe; which done, the pains ceased in three hours, and in five or six pains after procured a happy and easy delivery. By these observations, our author seems to infer, that the epileptic affections, he speaks of, arose from the irritation brought on by the preternatural fulness of the bladder; to evacuate which, a preference over the probe cannot fail to be given to the female catheter; as the epileptic fits in case 45. occurred in the earlier part of gestation, and the above quotations more immediately relate to the times of labour, an apology for their present insertion, would seem necessary, did they not tend to the main subject of demonstrating, that such complaints are much more to be feared, at or about the time of delivery, than in the first months of pregnancy; the treatment of which will be ever found to depend upon the habit of the patient, and must be directed according to the particular symptoms attending the case; for, in this, as well as in many other complaints, were

general

general rules to be laid down, we should (as LA MOTTE very judiciously observes) be sometimes forced to overlook them.---Epileptic fits are always extremely dangerous---a poor woman, in the seventh month of her pregnancy, from a fright, was attacked with a fit of this kind, in the morning of the seventh of MAY, 1777. and supposed to be in labour; I immediately attended her, and found the *os tinæ* undilated; the patient was stiff, and foamed at her mouth; I ordered her extremities to be rubbed with warm cloths, and wrapped up in flannels; which, with the use of anodynes, and bleeding, brought her to herself, and she completed her full term, without any return of the paroxysm; her labour was natural, and the *placenta* came away with ease. A case, similar to the above, has since occurred to a gentleman in this neighbourhood; and, notwithstanding his greatest care and caution, the patient died, undelivered, of the fits, accompanied with a *uterine hæmorrhage*, in the fifth month of gestation.

## C A S E    XLVI.

A YOUNG woman, in the fourth month of her pregnancy with her first child, was, in the morning of the 15th of JULY, 1767. without being able to assign any particular reason for the attack, suddenly seized with convulsions, which held her more than an hour: soon after the fit she perceived a small pallid sanguineous discharge from the *vagina*, which alarmed her relations, and hastened their application to me. The patient was of a nervous habit, had a sickly countenance; the pulse was small and feeble, and the body costive: I desired she might be kept easy and still, not too hot, and, as much as possible, forbear any kind of exercise: I prescribed her a gentle opiate in the evening, and an emollient clyster; besides this, I ordered her  
every

every six hours, three spoonsful of a *peruvian mixture*, with *syrupus limonum*; by these means, we prevented any farther appearance of a *uterine flux*, and she remained tolerably well for about three weeks; when, as she was sitting at work, the fits suddenly returned, but not so violently as before; and soon after the paroxysm, there was again a small discharge of blood from the *vagina*; the opiate, clyster, and mixture, were now repeated; besides which, a blister was applied *inter scapulas*, and, when at any time, very faint or low, she took a spoonful of *julepum e moscho*: in this method we continued safe from the fits, through the advanced months, till the full end of her term; when the labour pains came on, accompanied with the fits, to a very severe degree; I was immediately called, found her in the midst of the paroxysm, with an incipient *hæmorrhage* from the *uterus*; and, upon touching, perceived the *os tinæ* fully dilated, and the feet and breech of the child presenting: the last of which I gently pushed up, secured the feet, and the child being small, accomplished the

delivery with very little difficulty; the woman continued weak a considerable time, but, at length, recovered: and soon after becoming again pregnant, went into a decline, and died of an abortion in the latter part of the fifth month; the child, which I delivered her of, was very weakly, and had a great enlargement of the *spinal marrow*, which formed a tumour, about the size of a tennis ball; was soft, limpid, and, apparently, contained a watery humour; in proportion as the child wasted away, the tumour was observed to increase in its size, and the child died tabid on the eighth day after it was born.—RUYSCH, in his 34th. obs. describes a tumour in the loins of a *fœtus*, with a *bifid spine*; and says, that a tumour frequently arises in the loins of a *fœtus*, while it is yet an inhabitant of the *uterus*; which tumour is, in some measure, soft, more especially in the middle; and frequently, it is limpid, as if it was an *hydatid*; but, sometimes, it is found opaque: it is not always, he says, the same in magnitude, but, sometimes, equal to the size of a walnut, and, sometimes, as large as a middling



middling turnip: he asserts this affection to be a dropfy, and almost the same disorder, allowing for the difference of situation with that, which in the head of the *fetus* is commonly called an *hydrocephalus*: for, in the same manner, says he, as in the head of the infant, before the bones of the *cranium* are united by means of the futures, the membranes of the brain and integuments of the head, are frequently expanded, to a great degree, with a quantity of water, so as to form a soft tumour: in the same manner also, there is a similar tumour, sometimes, formed in the back or loins, but seldom in the nape of the neck; which, however, he once met with an instance of, and preserved it in his repository: and still more rarely, continues our author, does it happen in the inferior and exterior part of the *os sacrum*; an instance of which, however, follows in his next observation; where, nothing more was applied, than a plaister, a drying *foliûs*, and a belt. As opening this kind of tumour, in the opinion of himself, and of surgeons, in general, accelerates the death of the patient: he further  
 adds,

adds, that amongst all the infants, which he had seen afflicted with this disorder, he never knew one to live so long, as in the last instance; which he imputes to the low situation of the disorder: in obs. 36. he has likewise given us, the history of a tumour, like the preceding: a *bifid spine* in the loins of a young girl, fifteen months old; wherein the contained humours made their way through the integuments, and, on the second or third day after that, the unhappy object expired. In the month of DECEMBER, 1769. I had a new-born child brought to me with a *spina bifida*, situated under the *vertebræ lumborum*; I advised astringent fomentations, to keep the tumour covered with *emplastrum simplex*, and cautioned the parents, on no account whatever, to suffer its being opened; notwithstanding which, an ignorant old nurse had the temerity to prick it with a needle, and the child expired, on the fourth day after the water had, by that means, been discharged. I have also been informed by a gentleman of the profession, whose integrity and veracity are unquestionable, that, in the course of  
his

his practice, which has for many years been very extensive, he met with two children labouring under the complaint of a *bifid spine*; the tumour of one was small, and placed in the *vertebræ colli*, broke spontaneously, and the child died, on the ninth day after, at the age of five months: and, that of the other, in the loins, was very large, and remained unruptured till the child died suddenly, about the end of the eleventh month.—With regard to fits coming on with labour pains; whatever is the cause of spasmodic stricture, it seems requisite, by all means, to hasten the birth; if it can be safely conducted, either by turning the child, or delivering it with the forceps, should the head be situated in such a manner, as to favour their application. See GIFFARD, cases 52. 94. 139. & 206.—ASTRUC, chap. 3. has very largely expatiated on convulsions, during labour; and advises, as the only efficacious step that can be taken, in that dreadful situation, to accelerate delivery; because it is certain, that as soon as the child is delivered, the convulsions of the womb cease, or diminish,

fo

so far as to give no room to apprehend the mother's life to be in danger; especially, if she cleanses well. See likewise dr. JOHNSON, p. 279. LA MOTTE, obs. 221, 222, 223, 224, & 225. SMELLIE, vol. ii. coll. 18. no. 5. cases 1, 2, & 3. and the same author, vol. iii. coll. 33. no. 3. cases 1, 2, 3, & 4. Dr. LEAKE, in his sixth section of Practical Observations, has published no less than seven cases of convulsions; and very judiciously spoken of the nature, and laid down rules for the treatment of such distressing complaints, both before, and at the time, of labour. See cases 80, 81, 82, & 83, of this collection.

## C A S E XLVII.

**D**EEMING it improper to recapitulate every particular circumstance attending the unhappy subject of this case ; I shall only observe, that in the year 1772. she was committed on the coroner's inquest, to take her trial at the next assizes, on suspicion of murdering her new-born infant : on whom, as no very extraordinary marks of violence appeared, the experiment of immersing the lungs in water, was, by some persons, thought necessary, and accordingly tried ; but, as a fallacious practice, which ought, long since, to have been exploded by the faculty, I did not choose to rest, either my opinion or judgment thereon ; being fully persuaded, that the sinking of the lungs does, by no means, prove, that

that the child was still-born; as it may casually die in the birth, or be strangled in that situation, before ever the air can have entered, so as fully to inflate the lungs: and, on the other hand, that their proving bouyant, and swimming on the surface of the water, is far from being a just criterion, to determine the child's having been born alive: and, as a farther authority, to support my opinion, I shall transcribe the sentiments of an eminent surgeon; who, in reading a lecture upon the lungs, at SURGEONS HALL, took occasion to deliver himself to the following effect.

“ AND here, I must beg leave, gentlemen, to  
 “ take notice of a method, made use of by some  
 “ of the faculty, to ascertain, whether an infant  
 “ is born alive or dead; which is, by opening  
 “ the *thorax* of the suspected infant, taking out  
 “ the lungs, and casting them into water; if  
 “ they sink, it is looked upon as a fact, that the  
 “ child was still-born; but, if they swim, then,  
 “ without all doubt, the child was born alive.  
 “ The truth of this experience, is founded on  
 “ these

“ these reasons: all creatures, which come into  
 “ the world alive, must breathe; which breath,  
 “ being received into the lungs, must necessarily  
 “ inflate and puff them up: and, tho’ in death,  
 “ it in a great measure expires, yet there still re-  
 “ mains as much air in the *vesiculæ*, as to make  
 “ them buoyant in water: on the contrary, when  
 “ still-born, as it is impossible, in that state, for  
 “ the lungs to receive air, they must, conse-  
 “ quently, subside and sink: now this manner of  
 “ reasoning, however specious it may appear; or,  
 “ whatever authority it may be supported by, is  
 “ not strictly true, as I, myself, can affirm; ha-  
 “ ving, in the course of my practice, had an  
 “ opportunity of trying the foregoing experi-  
 “ ments upon two different births; the one was  
 “ born alive, but died soon after; the other  
 “ dead; when behold! the lungs of the former  
 “ sunk; and those of the other, to our great  
 “ astonishment, swam! these, together with many  
 “ other experiments, I have since made upon the  
 “ lungs of different animals, convince me, there is  
 “ no dependence, upon what dr. GIBSON looked  
 “ upon

“ upon as infallible ; for, although it may, some-  
 “ times, prove true : upon the whole, it should  
 “ be regarded no otherwise, than as a very un-  
 “ certain and precarious proof of the fact in  
 “ question. I make bold, therefore, to recom-  
 “ mend to all the gentlemen who hear me (as a  
 “ thing of the utmost consequence) to take every  
 “ opportunity to explode such a notion out of our  
 “ practice : and, to be particularly careful, to  
 “ caution our pupils against giving judgment in  
 “ such cases ; since, it may come to pass, that,  
 “ on such judgment, may depend the lives  
 “ of many poor unhappy women.”

THE celebrated DE HAEN, in a chapter on this  
 very subject, *De Pulmone innatante aut subsidente*  
*in aqua*, has very justly exploded the erroneous  
 opinion, that has hitherto been but too com-  
 monly entertained, concerning this matter. See  
 his *Ratio Medendi*, tom. i. p. 114.



## C A S E XLVIII.

**I**N the morning of OCTOBER 4, 1766. I was sent for to a young woman, who had been in labour of her first child, for the space of three whole days and nights, and was attended by a midwife: upon examining, I found the soft parts thoroughly dilated, and the *vertex*, which was easily distinguishable by the *sutura lambdoidalis* presenting to the *os externum*, and the chin a little below the great angle of the *sacrum*; a situation, ever fortunately adapted to the application of the forceps, should the contractile force of the *uterus* be found insufficient to expel the head, or the woman be in any danger, which was eventually the case before me; for, after waiting three hours, and perceiving the patient's strength, which had been exhausted by the num-

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berless pains she had endured, from the first of her labour, to decline, and seeing no prospect of advantage to be gained by delay; having first advised an emollient clyster to empty the intestines, I resolved to make use of the strait short forceps; but was foiled in my operation by the length of the head, which was longer than the clams of the instrument: I, therefore, found myself obliged to withdraw it, and have recourse to the long curved forceps; which, having fixt, it was my principal care to support the *perinæum*, and in the most deliberate manner, effect the extraction of the head; using the utmost caution to incline the handles of these forceps, as much posteriorly as possible; a rule, never to be forgotten in their application, lest, by the extraordinary length of their points, much damage be sustained by the *sacrum*: thus I delivered the head, preserved the *perinæum* and *sacrum*, and conducted the rest of the delivery, as is usual in a natural labour. The child was born alive, and not the least mark of the forceps was to be perceived on the head; but, the mother, by  
 catching

catching cold, was seized on the third day after her delivery, with a violent and exceeding strong shivering fit, succeeded by a fever; the pulse was quick and full; the skin very hot and dry; she had an insatiable thirst; complained of weight and uneasiness in the belly, and exquisite tenderness over the whole hypogastric region; the breasts were flaccid, and there was a total suppression of the *lochia*. I took away eight ounces of blood, and afterwards gave her a laxative draught of *ol. ricini*, *magnesia* and *manna*, dissolved in *aq. hyssopii*, which gently operated by stool; and, for some hours after, she appeared much relieved; but soon afterwards relapsed, and complained of great thirst and heat, with pain and tension in her belly: I now administered the *tartar emetic* in small doses: recommended diluting liquors; and bladders, half-filled with warm water, wrapped in flannels, were applied to the *abdomen* and soles of her feet; but to no effect; for, she had now, a wild, distressed, eager countenance; a tremulous sinking pulse; a universal tremor of the whole body; a fixed

crimson appeared on her cheeks; her lips were livid; the nostrils emitted an ichorous fetid discharge: appeared tense and expanded; she became delirious; was convulsed; had cold sweats and the hiccup: and, notwithstanding every care and attention, died on the fifth day from the first attack, and the eighth from delivery: this case soon after it happened, was communicated to dr. MACKENZIE, who, in his answer to my letter, approved of the application of the long curved forceps, as the strait short ones were found unequal to the business; cautions against the hasty use of them, confines it to the head, when low advanced in the *pelvis*; and gives an instance, of a woman, who he was informed, by receiving a blow, fell into labour, and continued so for two days and nights, and then died; from which he infers, that, as the head was low down in the *pelvis*, it was an unpardonable omission, not to have tried the forceps; as, in all probability, the life of the woman might, by that means, have been preserved: the forceps, he adds, is always preferable to the fillet, and generally succeeds

ceeds best, after the woman has had one child ; the death of the woman he attributes to the *lochial* fever ; which, there is every probability to suppose, was the immediate effect of an obstructed perspiration from her taking cold. As it is my general method, to venture upon the use of some laxative medicine, on the second or third day, at farthest, after the delivery ; particularly, where the habit is strong, and the child is not intended to suck the mother ; I shall take the liberty of quoting the approbation of dr. LEAKE, for this practice ; and give it in his own words, as follow — “ Some, he says, are so timorous, that they will not venture to give *laxatives* till the fourth or fifth day after the delivery, lest they should check the *lochial discharge*, or bring on a dangerous purging ; but these, he affirms, to be unnecessary cautions, as he never knew the *lochia* interrupted, nor any *diarrhœa* brought on by their seasonable and proper use ; but that, on the contrary, the last will often suddenly happen, when the body is suffered to remain too long constive, in consequence of the intestines being over

distended with the indurated fæces, which create pain, and stimulate them to expel their contents : and, he further adds, that the more the body is kept cool and temperate by a solutive regimen, the better chance the patient will have to avoid a fever, and the more regularly will all the natural secretions and excretions be carried off."

IT is to be observed, that the milk in this patient, went totally off on the third day after she was attacked, and never appeared afterwards. In cases of recovery from the puerperal fever, the milk which disappeared at the beginning of the disorder, usually returns again ; by which means, the patient is much relieved.

**CASE**

## C A S E XLIX.

THE eighth of OCTOBER, 1766. I was called to attend a woman, whose child's head had been delivered two hours, without the mid-wife's being able to deliver the shoulders: in which situation, at my arrival, I found both mother and child; and understood, that for some days before, foetid waters had been discharged from the *vagina*, and the labour had been very slow and lingering till the very last, when the head was pushed forward by strong pains, and there remained; notwithstanding the efforts of the woman had still continued to force with some violence, but were now became languid, and the woman was faint and much dejected; the *pericranium* peeled off to the touch, and the head was in so putrified a state, as to smell very offensively; in order to extricate the shoulders,

I endeavoured to introduce a finger on each side of them, as far as the *axilla*; which, after some difficulty, was effected, but, to no purpose; for the shoulders continued immoveable, notwithstanding the most violent and extraordinary pains, and, in vain were my efforts to bring them forward, till I had recourse to the blunt hook; by the assistance of which, they were alternately brought down, and delivered: the hips made some resistance, and the *placenta*, which soon after came away, was exceeding large; being, in diameter, almost eight inches, and two inches thick; besides which, between the ramifications of its vessels, it was, in some parts, cornuous; and, in others, perfectly cartilaginous; which extraordinary conformation might, probably, in some measure, obstruct the vital circulation of the *fœtus*, and occasion its death: the head of this child, although enlarged by putrefaction, was not of an uncommon size; but, the breadth of its body, at the shoulders, from whence proceeded the principal difficulty, was nearly eight inches, and a quarter; and, at the breech, it measured between seven  
and



and eight inches. The woman was easy after delivery, rested well at night, and, at the end of the month, was perfectly recovered; she had, before, borne two children, which were both very large and healthy. To account for the possibility of the shoulders of this width, being delivered as they were; it may be necessary to consider, the great compression, which they are capable of sustaining, by which means their passage is facilitated.—MAURICEAU has a most remarkable, and extraordinary case of this kind, which happened to him whilst he practised MIDWIFERY in the Hotel de Dieu, in the year 1660. Vide lib. ii. p. 198.—GIFFARD, in case 150. relates the very great difficulty, which occurred to him from the largeness of the shoulders, after the head had been brought forward, and delivered by means of his extractor: the child, he says, was born alive; but, about two hours after, was seized with a convulsion fit, in which it died: and, case 183. of the same author, contains the relation of a similar difficulty, in which the child was born alive, and did well. — LA MOTTE speaks of a delivery  
of

of this kind, as one of the most difficult which can possibly happen; and gives a caution against too much force being made use of, for fear of separating the head from the body; as happened in the case above quoted from MAURICEAU. Vide LA MOTTE, obs. 122. 314. & 316. and, dr. BURTON, obs. 8. who also observes, that the head, taking it from the *os frontis* to the *occiput*, is bigger, in general, than the shoulders; from which, he infers, that the dilatation made by the head, will more than suffice to give a passage to the shoulders: which, from their pliable texture, he adds, will readily shape themselves to that cylindrical cavity, the *true pelvis*: and herein, our author argues mechanically right, so far as regards a just and happy proportion of the *fœtus* and *pelvis*; but, when the dimensions of the shoulders exceed those of the head; as, in the case wherein I was engaged, it will be readily granted, that the dilatation occasioned by the delivery of the head, will have little or no effect in facilitating the passage of the shoulders; which must necessarily become the work of either the fingers or blunt hook.

CASE

## C A S E L.

**T**HE following case occurred to me the 22d of NOVEMBER, 1766. A young woman, in the workhouse of EAST PECKHAM, in this county, had been in strong labour for four days and nights; the waters were evacuated in the morning of the second day: a midwife was in waiting from the beginning; and finding, as she expressed it, that the child came wrong, had frequently endeavoured to turn, and deliver it; tho', I could not learn, that her knowledge of its situation, entitled her to any such hope or expectation; at length, the pains had entirely ceased, the poor woman's strength was exhausted, and she was become so very low and weak, as to make the danger of her case obvious to every one present. In this critical situation of things, a message was  
dispatched

dispatched for me; but, a few minutes before my arrival, I was informed, that the patient had been seized with floodings and convulsions, and before I could well reach the chamber, she expired; I immediately examined, and found the child lying transversely, and presenting with the *thorax*. The probability of the child's being still alive, and all resistance of the parts being over, by the death of its mother, I introduced my hand into the *uterus*, in search of the feet, which I soon obtained, and delivered the child with no great difficulty; it appeared very livid, made a faint noise, gave one gasp, and died in about a minute after its birth. It gave me the most sensible pain, to reflect on the great neglect, of not employing proper manual assistance, in due time; as there is no doubt, but had that been the case, both mother and child might have been saved: for it is to be remembered, that, in all transverse positions of the *fœtus*, it is impossible, that it should receive any favourable advantage from the force of the pain; and, without necessary assistance, both parent and  
child

child must unfortunately perish. It is much to be lamented, that the management of such important labours, should often fall into the hands of the uninstructed and perverse female practitioner; by which means, the most desirable opportunity of relief and assistance, is for ever fatally lost; and, if not, perhaps, when the accoucheur arrives, he finds the waters have been too long evacuated; by which means, the *uterus* is strongly contracted, and the operation of turning thereby become a task of much difficulty to himself, and more perilous to his patient, than if he had been called sooner: it must be allowed, that the method of delivering by the feet, is the first of all modern improvements in the art of MIDWIFERY, and to which we owe the preservation of many lives; which, by the ancient practice of bringing the head to a natural presentation, must often have been inevitably lost. The necessity of giving the child a chance for life, whenever called upon in such a deplorable case, as I have above described, by a speedy delivery, is self-evident; as children have been often  
known

known to survive in *utero* for some time after the death of the mother: and, in support of this argument, I shall select the following observations and facts, from many others, which may be found in authors of equal respect and authenticity; and, which may be also proved from the operation of the *Cæsarian* section, some time after the death of the mother; and children have been taken out alive, who have long survived.—MAURICEAU, *obs.* 315. saw a live child taken out of its dead mother, a fortnight before the end of her reckoning. — SCHENKIUS, *Obs. Med. lib. iv. de Partu*, *obs.* 14. relates the case of a woman, who died about five o'clock in the afternoon, and at three o'clock next morning, the by-standers heard a great crack, when a child was born dead: he also adds, that it had two fore teeth. — HARVEY *de Generatione Animal.* mentions a child being born some hours after death.—IDO WOLFIIUS, *Obs. Chirurg. Medic. lib. i. obs.* 41. gives an account of a woman, who died in labour, in JULY, 1667. six hours after whose death, the husband perceiving a motion in the

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the *abdomen*, called others to see it, and would have had the *Cæſarian* operation performed, but was hindered by them; however, a child was brought forth dead, eighteen hours after the woman's deceaſe.—GEORGIUS DETHALDINGIUS, M. N. C. DEC. 3. ann. 7. & 8. Append. p. 77. ſpeaks of an healthy child that was born half an hour after the woman's deceaſe.—HORATIUS AUGENIUS de Miſſ. Sanguin. lib. 5. Epift. 2. cap. 11. lib. 6. cap. 15. fol. m. 184. ſays, he ſaw a living child taken out of its dead mother, who died of an ulcer in the womb; ſhe had been twenty days without meat or drink, having vomited up every thing ſhe took immediately.—JOHANNES DOLÆUS, M. N. C. DEC. 11. ann. 5. obſ. 187. deſcribes the caſe of a woman, eight months gone with child, who died of a fever the next day: and, the day following, the by-ſtanders obſerved the child to move for twelve hours; but, as there was no phyſician or ſurgeon to aſſiſt, it was left there: the ſame author alſo ſays, that he ſaw another child move in the belly of a woman, who died the day before of an apoplexy.—CORN.

STALPAST VANDER WIELL, Obs. rar. Centur. Poster. Obs. 32 Schol. p. 355. and PETRUS STALPART Differt. de Foet. Nutrit. p. 45. both join in the following wonderful relation: that at the siege of BERGEN OP ZOOM (not the last) a soldier's wife, near her time, was getting some water, and was cut in two by a cannon ball; inso-much, that the child, in its membranes, fell into the water; where it continued some time, and then was found by a soldier; who, observing something to move, took it up: the child, by order of the Cordua, was taken out of the membranes, and was christened ALBERTUS AMBROSIUS.—EHREN FR. HAGENDOM. Hist. Med. Phys. Cent. 3. Hist. 13. mentions a person, who died in labour on JANUARY 12, 1683. and some hours after, a living child was born, and was baptized. VESLINGIUS, Obs. Anatom. 7. says, a woman died on the 6th of JANUARY, 1633. of an epilepsy; and, on the 8th, a child was born:---HARVEY in his work de Generat. Anim. and MATTHAEUS in his Quæst. Medic. 4. both affirm their having seen a living child, that was born some hours after



after the mother's death: the former of the last mentioned writers asserts, that, when the mother was even extinct, and almost stiff with cold, he had often found the umbilical arteries beating, and the *fœtus* vigorous and strong: he also denies the *anastomosis* of the vessels between the *placenta* and *uterus*; in which opinion, I find many of our modern writers accord: and dr. BURTON, in particular, when speaking upon this topic, refers to many of the above authors, and asserts, that, as the circulation of the blood, both in the mother and child, depends upon their own hearts and vessels, the one can live, though the other die: in proof of which doctrine, the reader is referred to his book of MIDWIFERY, p. 26. 29. & 30. — Dr. LEAKE is very curious upon this matter, and says, if we may compare vegetables with animals, it seems most likely, that the child in the womb is, at first, nourished by the same absorbent powers, as roots in the earth; or, like *parasite* plants, which draw their nourishment from the body into which they are inserted, according to PARSONS's analogy between the pro-

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pagation of animals and vegetables: perhaps, continues our author, it may also be a probable conjecture, that the *uterine* vessels, which enter the cellular substances of the *placenta*, may there deposit a nutritious lymph, which is afterwards absorbed by the extreme branches of the *umbilical* vein, for the service of the *fœtus*: from this reasoning, drawn from the structure of the parts; a circumstance, he observes, which has often appeared unaccountable, because it was imperfectly understood, will become more obvious and plain, viz. WHY THE CHILD MAY SURVIVE *in utero* for a considerable time, and without being deprived of blood, although the mother is almost exhausted, and brought to the hour of death, by a profuse discharge of that fluid; for the blood, in flooding cases, is immediately discharged from *those very vessels which spring from the uterus*, and enter into the cellular substance of the *placenta*, and not from the extreme branches of the *funis umbilicalis*; *the first being parts peculiar to the uterus, the last proper to the child*: our author further remarks, that a new-born

*born child* will live, for many hours after the birth, without nourishment; for it then exists by a circulation of its own, and being replete with blood and juices, stands in no immediate need of an additional supply: in like manner it will continue alive for a given time *in utero*, when cut off from all communication with the mother; that is, after an entire separation of the *placenta*; but, although it there receives no red blood, it must necessarily languish and die, at last, from the want of lymph, or, that nutritious something, which is essential to life; like a tender plant, which cannot long subsist without the use of water, or refreshing showers.—In the *Miscell. Natur. curios.* may be found several instances of women dying gravid, who were afterwards delivered of living children. HORSTIUS likewise has published a history of this kind; and RAYNAUD, in his book *De Ortu Infantum contra Naturam*, is full of such marvellous stories: HOFFMAN also attempts seriously to account for such extraordinary births by the expansion of putrid air.

## C A S E    L I.

**I**N FEBRUARY, 1773. I was sent for to a person, about two o'clock in the morning, who had been many hours in strong labour, having had the membranes broke in the beginning: upon touching her, I found the soft parts not considerably dilated; but by feeling the lumbral spine, discovered that the child was transversely situated, and presented with the back; the pains, from having been violent and severe, were now become weak and feeble, and the woman appeared very low, and much disheartened, thro' the persuasion of the child's death; which, for some time, had been the general opinion of her attendants, although there was no one symptom to support it. The patient being placed in a convenient posture, I passed my hand, well lubricated,

bricated, along the *sacrum* of the child round the *nates* to the posterior side of the thighs, till I reached the feet, brought them down; and the child not being very large, finished the delivery, as is usual in preternatural presentations: the child, contrary to all expectation, was born alive, and no uncommon circumstance attended the delivery of the *placenta*; the recovery of this patient was as remarkably good, as her case had proved preternaturally bad; for, on the eighth day after her delivery, she was able to carry a basket of butter, on horseback, to a market some miles from her residence: it is something extraordinary, that this woman has since had two children; one of which offered with the breech, and was delivered by the natural pains; and the other, with the knees, which required the assistance of the hand.---MAURICEAU observes, that if it be the back which presents, it is impossible the child should be born in that posture, what pains so ever the mother endures; and besides, the child having the body folded inwards, and almost double, its breast and belly are so pressed

together, that it usually wants little of being suffocated; to avoid which, he recommends it to the surgeon, to quickly slide his hand along the back towards the inferior parts, until he meets the feet, and to bring it forth the same way, as if it came footling.---DIONIS, speaking of the child in this situation, says, each effort that the mother makes, bends it: and the parts contained in the *thorax* and *abdomen*, are so compressed, that, if the child remains long in this state, it is in danger of being suffocated; and directs the hand of the surgeon to be employed in search of the feet.---DAVENTER, p. 216. observes, it is not so rare or seldom, that infants come with their back forwards into the passage, as with the belly; for a prone bending, i. e. with the face downwards, is natural; but a supine, i. e. with the face upwards, is troublesome to the infant: whence, continues our author, most infants offer themselves bent, more or less, with their face downwards: he also adds many useful directions concerning the delivery of the child, when thus situated; to which the reader is referred,

red.---Dr. OULD describes a child thus situated, to be in great danger of suffocation, if not speedily brought forth; as the mother's forcing doubles its belly, breast and chin together, in such a manner, that it cannot possibly endure it long.---Dr. PUGH is of the same opinion; and p. 105. gives some useful instructions for the management of the child in its delivery, when thus circumstanced. GIFFARD speaks of a delivery, where the child presented with the middle of the back: the woman was in labour, he tells us, of a posthumous child; he had delivered her of a former child, which presented its head first: as soon as he came, he passed two fingers into the *vagina*, but could not feel any part of the child; from whence, he concluded, it must lie in a wrong posture for the birth: the membranes were not broke, and the *os internum* wide enough to admit his hand; whereupon he broke the membranes, and discovered the child lying across the *uterus*, with the middle of the back towards the *os internum*; he first met with a hand, and afterwards with a leg and foot, which he drew out; and then, repassing

his hand, brought down the other, and joining them together, took hold of both, with a soft cloth, and delivered the child to the shoulders; but the head sticking between the bones of the *pelvis*, to enlarge the passage, he first brought down one arm, and afterwards the other; but did not deliver the head without much difficulty: he was apprehensive the child would not be born alive: but, to the surprize of all that were present, it was: and the *placenta* being wholly disengaged from the *uterus*, and, in part protruding through the *os internum*, it was brought away with ease: he remarks the advantage of being early sent for before the membranes break; the waters pass off; or, the womb collapses and contracts about the child; and, that when the contrary happens to be the case, the great difficulty, which must consequently accrue to the operator; which, in many cases, he very justly attributes to the ignorance, or self-sufficiency of the midwife; who, either not knowing how to behave in such a difficult case; or, fearing she might suffer in her character, should she de-

fire



fire assistance, puts off the calling in of a MAN-  
 MIDWIFE to the last extremity; so, that thus the  
 mother and child too often become victims to her  
 negligence or ignorance.---LA MOTTE speaking of  
 the child's presenting with the back or belly, ob-  
 serves, that these parts are not flexible enough to  
 present in so narrow a part, as the entrance of  
 the *vagina*, without the spine of the back break-  
 ing; or, without the ligaments and marrow of  
 the spine being so extended, as to kill the child,  
 if it presents with the back: In obs. 279. he  
 relates a case, where being sent for to a woman,  
 who had been in labour for several days together,  
 and whose waters had come away at night, without  
 the midwife being able to find the child: he  
 found the pains much abated when he came, and  
 finding that the child presented with the back,  
 conducted his hand along the spine to the hinder  
 part of the head; but that not being what he  
 sought after, he went the opposite way; where  
 he found the buttocks, the thighs, legs and feet;  
 which last he joined together, and effected the de-  
 livery in less than four minutes, and left the mo-  
 ther

ther and child in good health.---Dr. ASTRUC, in treating of labours, in which the child presents with its back, imputes this bad posture to the child's head, which in turning for birth, passes beyond the mouth of the womb, and, by that means, the back places itself there; or, when the child has not turned at all, but falls down on its back, he remarks, the great importance of an early knowledge, that the child is thus situated: and says, it may be known from finding nothing at the mouth of the womb, but a bag full of water, in which, sometimes, the navel string is felt: and, from feeling the spine of the back, by advancing the finger forwards, he advises this bad posture to be remedied as soon as possible; as well, because that other ways the womb, in contracting, embraces the child so closely, that it cannot be turned, as from the fear that the child should be lost, through the compression of its head and breast in this position; so, that as soon as it is certain the child presents in this manner, the membranes are to be ruptured; the waters discharged; and the child turned, and delivered

vered by the feet: after some further directions on this head, he recommends the practitioner to be attentive to three essential points; 1st. to be assured, before he hastens the delivery, that both feet belongs to the same child: 2dly. to turn the child with its face downwards, in case it was otherwise situated: and lastly; to perform these operations within the membranes of the child, which serve for to defend the womb, as well as to facilitate the motion of the child from their smoothness and lubricity. Vide PORTAL's obs. 69. & 72. Presentations of this kind very rarely occur; and, when they do, it is next to impossible, that the child should descend below the brim of the *pelvis*; when the waters are not evacuated, the child, in general, will be easily turned, with much less difficulty, in this posture, than in many other preternatural ones; but, when the waters have been long evacuated, and the *uterus* is contracted about the child, great embarrassments must necessarily ensue.---Dr. BURTON advises the operator, when the middle of the back presents, to introduce his hand across the child,

over

over its belly, and, by taking hold of the farther knee, to turn the child half round, as it were, upon an *axis*, the head of which may be to go out at the head and *anus*; and then he will have both legs ready to take hold of, and bring the child away: he also advises, to reach the farther knee, to avoid either dislocating or breaking the *os femoris*, &c. --- And here the Doctor might have added, a caution to the operator, lest, in case of twins, a leg of each child, be mistaken for the legs of one: and farther observed, that the force required is not so great here, as when it is requisite to turn the child lengthways.

## CASES LII, and LIII.

**M**AURICEAU has published instances of several women, who took themselves to be with child, for whole years together, and still expected to bring forth.---And DIONIS says, he has met with some women, who would not be put out of that conceit; but took wind, which they felt in their bellies, for the stirrings of a child: that, he has seen a great many suits of rich bed cloaths made by women, who earnestly longed for children, and therefore would not suffer any one to tell them, they were not with child; but, at last, vanished in smoke: the same author remarks, that those women, are most subject to these false big bellies, from the thirty-fifth to the fortieth year of their age, because they then begin to have their courses irregularly, and, either  
the

the too great quantity, or, the badness of the blood, is the reason of this disorder: and, if the surgeon will take the trouble to put the proper questions, he will readily find, that the irregularity of the *menfes* is the principal cause of it: and farther asserts, that he has had opportunities to observe, that almost all those women, who fancied themselves to be with child, but were really not so, were about the age now mentioned; and, as proofs to corroborate this observation, I am enabled, from my own practice, to advance two remarkable instances: the first of which, was a single woman, who, a few years before, had been really pregnant, and who, at the full time of gestation, was delivered of a child; she was now arrived at her thirty-fifth year, and, for two years before, the menstrual flux had been very irregular, and having totally disappeared for three months; she concluded herself to be with child, and was the more confirmed in this opinion, by not only the severe sickness and loathing which attended her, but, by the tumefaction and tension of her breasts, as well as other symptoms,

toms, which usually attend breeding; she was inclined to a full sanguine habit, grew visibly larger; and, about the time when her labour was expected, one evening in AUGUST, 1768. soon after she was a-bed, was taken with pains in her back and loins; which, believing to be real labour pains, a midwife was sent for; who gave her very hearty assurances of matters being quite right, and, that there was every reason to think of a safe and speedy delivery; but much time having passed to no purpose, her judgment become a little suspected; the attendants began to be clamorous; and it was concluded on, by the woman's relations, that I should be consulted: accordingly I went to the house, and found the patient hot, restless, uneasy, and thirsty; complaining of a *teneismus*, and great pain in the region of the *pubes*: she told me, that she had all the symptoms of being pregnant; that she had been very costive for several days past; and, that her pain and uneasiness was generally most violent towards the evening, and in the night; and, that she often felt the child

move:

move: on examination, I found the *os tinæ* to be very short and succulent, but close shut; and therefore pronounced her pains to be of the spurious kind, took away eight ounces of blood, and ordered her an emollient clyster immediately; and, in the evening, upon visiting her again, found, that she was cooler, and much more easy, than she had been: in which state she continued two days and nights; but on the third, the pains recurring in a trifling irregular manner, I was desired to call on her again; which I did, and upon very accurately examining the *abdomen*, and not finding that globular hard tumour and bulk, which the gravid *uterus*, towards the full time of gestation generally forms; no mucus descending from the *vagina*; and the pains constant, and without any remission; I not only declared it to be my opinion, that she was not in labour, but, that I entertained doubts of her being at all pregnant: having formed this *prognosis* pretty freely, another practitioner was sent for; and, after the most exact enquiry, and mature deliberation, he coincided with my opinion; which eventually proved right. The woman,



man, soon afterwards, by proper medical treatment, got quite well, has since enjoyed a good state of health, and the *menfes* have never once returned. For the following case, I am indebted to a gentleman, to whom I owe much grateful acknowledgment, for his candid communications and friendly recommendation; particularly, to this patient, who was in the forty-first year of her age, and had been married something more than twelve months; she had been used to regular discharges of the *menfes*, without the least interruption, till about the fifth month after her marriage, when she attributed the cause of their disappearance to her being in a pregnant state; in which belief, she made the usual preparations: it was on the 31st of MAY, 1772, that I first saw her, and, at that time, according to her own calculation, she was near the end of the sixth month; she told me that she had had pains in her breasts; sickness of a morning; aversions to particular food: and, in fact, most disorders, of the first class, which are similar to those of pregnancy; that, she gradually became more and

more bulky; that she very often felt something stir: and the like; all which circumstances, strongly confirmed the woman in her opinion, and might well have deceived a person of more experience: under these assumed appearances of gravidity, she went on till the usual time of gestation, was so much exceeded, as to make her apprehend the consequences to be dangerous: the belly still continued turgid and inflated; but, on examination, was not so hard, compact, and round, as the gravid *uterus* usually is; besides, the *os tinæ* was long, dry, and close shut; and, there was every reason to suppose, that the swelling was fallacious, and not occasioned by pregnancy: upon this consideration, with the advice of a physician, who made not the least doubt of the gravidity being spurious, she was enjoined to a proper regimen, advised to exercise on horseback, and took occasionally a proper quantity of a purging electuary, of the gentlest kind, to keep the bowels laxative: in a few weeks after, she had a copious discharge of grumous fetid blood from the *vagina*, which confined her some days to her chamber;

chamber; since which time, by proper care and management, she has remained in pretty good health.

—MAURICEAU mentions a woman, who, after having been in a course of physic, six or seven whole months, for the dropfy, was, at length, brought to bed of a child: and recites another case of a woman, who never had a child; tho' she so passionately desired it, as to be at the point of hoping for one at five and fifty years of age; under the colour, that she had still her courses, and actually made preparation accordingly: finding herself one day worse than usual, she sent for her midwife, who assured her it was her labour; but, the next day, she voided only a quantity of water and some wind, and her expectations vanished.—A gentleman, of my very particular acquaintance, whose veracity I could depend on, related the case of a lady, in the neighbourhood of DARTFORD; who, at the age of nine and thirty, upon a suspension of the *menfes*; and symptoms of breeding, in consequence coming on, fancied herself with child; but her mistake was attended with bad conse-

quences, as it ended in a *scirrhus* tumour of the *uterus*; for which, the unhappy patient sought for the first advice in the kingdom; but all endeavours to relieve her were ineffectual, and the event proved fatal.—In the fifth volume of the Medical Commentaries, we find a case communicated to dr. DUNCAN, by mr. EDWARD JOHNSTONE, student of medicine, at EDINBURGH; the patient was a large made corpulent woman, about forty years old, and, who believed herself in the fifth or sixth month of her pregnancy; she was generally disposed to be costive, and mostly so when pregnant. Every effort of art, to procure the necessary evacuation, proved abortive; and the day after her death, upon opening the body, the obstruction which had occasioned the patient's illness and death, was discovered in the upper part of the *rectum*: it was a stricture, which as completely closed the passage into the inferior part of the *rectum*, as if it had been tied by a packthread: a kind of morbid ligament, formed in the *rectum*, caused this stricture. For the particular treatment of this extraordinary case,

and

and the author's remarks thereon, vide page 302. of the above book. In all the cases, which I have hitherto mentioned of *spurious gravidity*; a total obstruction of the *menfes*, has been found to be the principle index, to the fallacious suppositions of pregnancy. But dr. BURTON, in his first observation, has given the case of a married woman, aged thirty, who had had several children, in 1748; and began to have all the symptoms of being pregnant, except, that *she had her menfes* regularly; (after having stopped the two first months) although in less quantity than usual: in this way she continued for seven or eight months, when she began to have milk in her breasts: about this time, he says, she began to have a suppression of urine, sometimes partial, sometimes total: insomuch, that a surgeon was sent for, who drew off her urine with a catheter; at length, she was admitted into the county hospital at YORK, and had her urine drawn off regularly, till, by proper methods, she was able to make water without the assistance of the catheter; during her residence here, she

seemed to advance in her pregnancy, her breasts filled, and she had her *menfes* as before: in which way she continued till the eleventh month, according to her own reckoning. The case being curious and extraordinary, our author, altho' he had then resigned his place as one of the physicians to that hospital, was yet, upon this uncommon occasion, called in: when upon examining, and touching the patient, he could not possibly reach the *os tinæ*; neither could he find any thing of the *uterus*, nor feel any hardness upon pressing the *abdomen*: but upon repeating his search, he, at length, found a large tumour adhering to the *os sacrum*. The woman continued in this condition about a month longer, and, as she had then a passage for her urine, was dismissed. About five or six weeks after, the suppression of urine returning, she came to YORK, and had it extracted, and then went home again; where she continued longer, with the same symptoms; but never had a child since, and died soon after.—Dr. LEAKE, when speaking of the cessation of the *menfes*, asserts, that more women die, about  
this

this age, than at any other period, during the years of maturity: for, as many constitutional infirmities, he says, are relieved by the first approach of the *menfes*; so, they often return at the cessation of that discharge, to assist the constitution during the critical change, which then happens; and, to compensate for the want of that long-accustomed discharge, bleeding, once a month, with the use of gentle laxatives, are, by the Doctor, particularly recommended; especially, in strong habits; where there seems to be an abundance of blood: the patient is also desired to lessen the usual quantity of animal food, and to live chiefly on vegetables, fish, and spoon meats; when, the patient, however, is delicate, subject to a female weakness, night sweats, flushings in the face, and hectic fever, a very different course becomes proper: for such patients, asses milk, jellies, and raw eggs, are recommended; together, with a moderate use of old LONDON porter, or RHENISH wine; should the bleeding piles appear, at this juncture, ulcerous sores break out in the legs, or eruptions on the skin; the first ought

not to be restrained, or the last dried up; for, those discharges, under such circumstances, are generally critical; and our author has observed, that, where they were suddenly suppressed, an acute rheumatism, hysterics, convulsions, and even death itself, have often been the consequence. For the further management of patients, at that most important period in the life of females, when the *menfes* are about to cease; the reader is referred to the letter on this very interesting subject, of the late dr. JOHN FOTHERGILL, and inserted under the 17th article, in the fifth volume of Medical Observations and Enquiries; and to the learned M. TISSOT's *Traité sur les Maladies des Nerfs*, lately published.

CASE



## C A S E      L I V .

**I** WAS sent for in the morning of the first of NOVEMBER, 1768. to attend a woman, well advanced in life, in labour of her first child: I found a midwife with her, who had been in waiting two days and nights, and had then got her in one of the most new and uncommon positions, which, I believe, ever woman was placed; and, which sufficiently served to shew the knowledge of the female practitioner: her breech being elevated upon the side of the bed, which was doubled up with several pillows, to raise it; her head hung down behind, and, in time of a pain, was supported by two women, that sat behind her; one of whom, by the midwife's directions, clapped a handkerchief over her mouth and face, with intent, as I understood, to keep  
in

in her breath, and prevent her crying out ; which the midwife observed, she had done so much already, as to hurt her pains, and prevent their being of that use to her, which they otherwise would have been ; her legs were widely expanded, and supported on the backs of two chairs, between which, and underneath the patient, in a low chair, was placed the old woman ; who, at every little pain, and frequently oftener, had endeavoured to deliver the child ; which, she said, had been as near coming into the world, as it was possible, for several hours past : but, in spite of her having made all the way she was able, she could get it to come no farther : and, that she had so benumbed her hands and fingers, in trying to open the womb, that she could scarcely feel them. From these fruitless and unnecessary endeavours, and other mismanagement of the labour, I concluded it to have been protracted, and, that the force of the natural pains had been interrupted ; for, instead of waiting with patience, comforting the woman, and keeping her cool and easy, the very opposite

conduct

conduct had been pursued: I did not immediately alter the position of the woman, but examined, during a pain, and found a great dryness and constriction of the *vagina*, much tenderness of the parts, the anterior part of the *uterus* pushing down before the head below the *pubes*, and the *os tinæ* tilting backwards towards the *sacrum*; (a situation, in which I have always found it very slow of dilatation,) but just sufficiently open to admit the tip of my finger, and so prodigiously tight, that it felt like a ring. The woman had had no other than small grinding pains; and, upon enquiry, I found no stool for several days; the posture was changed to one more decent and proper; an emollient clyster was administered as soon as it could be got ready, which relieved the intestines of the accumulated *feces* they contained: and, as the scooping, by being used with too much force, and continued so long, as to benumb the fingers, had produced a great deal of pain and inflammation, I ordered an emollient cataplasm, and warm stupes, to the external parts: and, after waiting several hours, and perceiving the pains weak,

and

and recurring but seldom, I dismissed the greatest part of her attendants; desired she might be kept still and cool, and, that the poultice and warm flupes might be renewed every six or eight hours; I gave her an opiate, and retired: in about twelve hours after I called on her again; found she had been refreshed by sleep; that her pains were rather stronger, but recurred at long intervals; the *ostinæ* was not quite so callous, and spread to the breadth of a shilling; and, that the smooth body of the membranes was easily to be felt through it: upon which I renewed my former directions, gave her a second opiate, and left her, till I received a call about ten hours after, to come to her assistance; which I immediately complied with, and was now agreeably surprized, to find the *ostinæ* soft, and receding, on all sides; the pains strong and thundring, and the *vertex* as low down as the *os externum*; the membranes soon broke, and the head, which was uncommonly large, was delivered with the face to the *sacrum*, without injuring the *fourchette* in the least; the child was alive, and  
 very

very hearty; the mother laboured under a suppression of urine, which I relieved on the third day after delivery, with the female catheter; she had otherwise no uncommon symptoms, recovered, and did very well. As there was no bad symptom attending this labour, there could not be the least necessity for opening the *os tinæ* by force; the treatment of such births, demands a judgment and deliberation, much beyond that of an uninstructed woman, who could make no apology, but her ignorance, for the inflammation and bad symptoms, which came on: it is plain, the *os tinæ*, though slowly, would have spontaneously opened, had the patient been properly managed; it is undoubtedly, to be opened by forcible dilatation; but where the delivery promises to be safe, though tedious, much depends on the patience and attention of the practitioner, lest, from premature attempts to deliver, haste and mismanagement, debility should arise; the woman's strength be exhausted, and the consequence, perhaps, prove fatal both to the mother and child.

IN a former case, I have sufficiently condemned the unwarrantable practice of scooping; and have here exhibited a fresh instance, how much labour may be retarded by its use, as well as the most favourable circumstances, for want of regulations and skill, be rendered unprofitable, and of no effect. It is a remark, well worthy notice, that the presaging pains are sometimes very long, before they bring on the thundering ones, and should ever be attended to, with the most indefatigable patience. This case, may serve as a lesson to midwives in general, not to be constantly teizing and harrassing the patient, at the approach of every trifling pain, which is unnecessary, and often so injurious, as to bring on foreness and inflammation: therefore, the less the parts are handled, the better; and, when there is a real occasion for touching, the most gentle care, tenderness, and delicacy, should be used.

CASES LV. and LVI.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

“ DEAR SIR,

“ DEC. 24, 1768.

“ ABOUT seven in the evening  
“ of the second of OCTOBER last, I was called to  
“ a young woman, who had been married but  
“ a few days before, and was unexpectedly  
“ taken ill; I found her kneeling on the  
“ ground, with her head in a chair, and complain-  
“ ing of very great pain, which abating, I en-  
“ quired of her the cause of her complaint: to  
“ which, I received for answer, that she could not  
“ tell

“ tell what was the matter with her ; but, that she  
 “ had been in as bad pain, at times, for three or four  
 “ days and nights past, and had never been able  
 “ to get any sleep for it : I advised her to go to bed,  
 “ which she complied with ; and then permitting  
 “ me to touch her, in time of a pain, I found  
 “ the *os tinæ* open, to the breadth of half a  
 “ crown ; the waters pushing down in form of a  
 “ gut ; and, when the pain receded, the head  
 “ very \* high up, and resting upon the brim of  
 “ the *pelvis* : soon after she was in bed, her pains  
 “ became very strong, and almost continual ;  
 “ and the membranes breaking, the waters were  
 “ discharged in large quantities ; the head came  
 “ lower down, was pressed into a conical  
 “ form, and the bones protruded over one ano-  
 “ ther ; which not only led me to suspect an  
 “ ill-shapen *pelvis*, but, I was further confirmed  
 “ in this belief, by feeling the tuberosities of the  
 “ *ossa ischij* project too near to each other :

\* When the woman continues in labour a long while,  
 and although the *os tinæ* is greatly dilated, still the head of  
 the child remains very high up, the labour generally proves  
 of the difficult kind.

“ the



“ the woman was of a small size, but, in no  
 “ respect, exteriorly distorted : upon mentioning  
 “ my discovery to her mother, she attributed  
 “ the difficulties to an injury, which she had  
 “ received in her infancy, from the kick of a  
 “ horse ; notwithstanding the pains continued  
 “ pretty strong, the head did not advance in the  
 “ least, and the woman being much fatigued and  
 “ depressed, I gave her an opiate ; and having  
 “ had no stool for two days before, caused an  
 “ emollient clyster to be injected to empty the  
 “ intestines : the opiate restrained the pains, and  
 “ composed the patient for many hours, when she  
 “ awoke, and they again returned, with an equal  
 “ degree of strength to what they had been before ;  
 “ but the head still continued in the same situation,  
 “ without the least progression whatever : the re-  
 “ lations of the woman began now to express  
 “ much anxiety on her account, and to interro-  
 “ gate me about the safety of the case : I assured  
 “ them that it would be attended with much  
 “ danger and difficulty, both to mother and  
 “ child, and, that I was fearful the latter could

“ not be born alive. Notwithstanding the woman  
 “ was duly supported with nutrition, the pains,  
 “ soon after this, became considerably lessened,  
 “ extreme weakness almost to fainting ensued,  
 “ and an incipient *hæmorrhage* from the *uterus*  
 “ came on: in this position of affairs, thinking  
 “ it both difficult and dangerous to attempt the  
 “ turning of the child, and, that it was not in na-  
 “ ture’s power to accomplish her own work, the  
 “ pains being insufficient to push the head for-  
 “ wards; and considering likewise, that its position  
 “ was too disadvantageous for the use of the strait  
 “ forceps, I resolved, at once, to make an attempt  
 “ with the long curved forceps; so competent  
 “ a judge, as yourself, of so critical a situation,  
 “ as that to which I was now exposed, need not  
 “ be told the anxious feelings, which are thereby  
 “ created in the mind of the practitioner; the  
 “ woman had a fainting fit, and as the symptoms  
 “ were now become truly alarming; you will, I  
 “ trust not, in the least, deem me rash, in my  
 “ resolution, to employ instruments: the proper  
 “ position for introducing them being made,  
 “ with

“ with much difficulty I applied one blade of  
 “ the last mentioned instrument, and found  
 “ so much more in the application of the se-  
 “ cond, that I had nearly given up the point,  
 “ and withdrawn them both; but the thoughts  
 “ of the crotchet, on one hand, dismayed me  
 “ beyond measure; and, on the other, excited my  
 “ perseverance, till, at length, I accomplished my  
 “ design, and obtained firm hold of the head;  
 “ but, I must candidly confess, it was done with-  
 “ out knowing its exact situation; the fainting fits  
 “ became frequent, and the flooding increased;  
 “ to wait for pains was unnecessary; I therefore  
 “ made use of some small pulling force, and  
 “ finding the head somewhat advance, continued  
 “ gently pulling in a waving manner, till,  
 “ at length, the *vertex* was squeezed down to the  
 “ inferior part of the right *ischium*, the forehead  
 “ being towards the superior part of the left, and  
 “ rather higher on that side than the brim of the  
 “ *pelvis*; discovering this to be now the position  
 “ of the head, I concluded the instrument, not to  
 “ be so badly fixed, as to require fresh applica-  
 “ tion; therefore proceeded to turn the forehead

“ into the hollow of the *sacrum*, which dis-  
 “ gaged it from its confinement at the upper part  
 “ of the *pelvis*; and, with the greatest delibera-  
 “ tion, and most careful attention to the *peri-*  
 “ *næum*, delivered the head, and released the  
 “ forceps; the shoulders gave me some trouble;  
 “ for, although I had brought them down be-  
 “ low the *ischia*, they were hard to extract, till,  
 “ by forcibly passing a finger over one of them  
 “ up to the cubit of the arm, and by pressing it  
 “ towards the *sacrum*, it was, at length, brought  
 “ down with an half round turn; and the rest of  
 “ the delivery was effected without any particular  
 “ trouble; the *hæmorrhage* abated soon after the  
 “ delivery of the *placenta*, which followed the  
 “ child immediately; so, that it may reason-  
 “ ably be supposed, the *uterine hæmorrhage*, which  
 “ came on before the delivery was attempted by  
 “ the forceps, was occasioned by the total separa-  
 “ tion of the *placenta*: the child laid some  
 “ minutes before it breathed; soon after which,  
 “ it cry’d faintly, and lived in a languishing con-  
 “ dition, till the morning of the sixth day, and  
 “ then

“ then died ; the forceps had left marks upon  
 “ the head, and appeared to have been fixed in  
 “ a diagonal direction, posteriorly over the fore-  
 “ head, and anteriorly over the *occiput*. I was  
 “ so very much fatigued with the troublesome  
 “ circumstances attending this case, that I did  
 “ not recover for some time. The woman  
 “ seemed to be in a good way, though rather  
 “ weak, for several days ; but, from a violent  
 “ agitation of mind, on the seventh day after her  
 “ delivery, she was thrown into a diarrhoea, at-  
 “ tended with a fever, which proved fatal. This,  
 “ I dare say, you will call an uncommonly labo-  
 “ rious birth, and one of the most melancholy  
 “ in MIDWIFERY ; in the management of it, shall  
 “ be happy to meet your approbation, or know  
 “ wherein I may have erred.---The following case,  
 “ of the preternatural kind, though not without  
 “ its particular difficulties, gave me less fatigue  
 “ of body, and anxiety of mind : about five in  
 “ the morning, of the third of this month, I  
 “ was sent for to a lady, who had bespoke my  
 “ assistance ; whom I found very full of pain,

“ which, being almost continual, and chiefly  
 “ confined to the abdominal muscles, made me  
 “ suspect to be of the spurious kind; particu-  
 “ larly, when, upon examination, no descending  
 “ mucus appeared; and the *os tincae* was very high  
 “ up, short, rather succulent, but close shut:  
 “ the pulse being very quick and full, I took  
 “ away a few ounces of blood from the arm;  
 “ and as she complained of costiveness, or-  
 “ dered an emollient clyster of milk, oil, and  
 “ brown sugar; with a small quantity of syrup  
 “ of buckthorn, to be given immediately after;  
 “ which, as soon as it had had the desired effect,  
 “ I administered an opiate; and after assuring  
 “ her, that I might safely leave her, retired:  
 “ upon calling on her in the morning, I learned,  
 “ that her night had been easy and still, and that  
 “ she was much better, which she continued to  
 “ be, till the morning of the 15th instant; when  
 “ being called to her in very great haste, I found  
 “ her walking about the chamber, dress’d, and at  
 “ regular intervals resting over the back of a chair:  
 “ in time of a pain, in this situation, I made an  
 “ examination, and found the waters protruding

“ in .

“ in form of a \* large gut, and the *os tinæ* but  
 “ little dilated: on the recess of the pain, I  
 “ could not distinguish any particular presenta-  
 “ tion of the child, and from thence inferred,  
 “ that the case would not be attended with the  
 “ most favourable issue; just at this juncture, a  
 “ message was brought me, requiring my at-  
 “ tendance to another patient in labour, at no  
 “ great distance; having obtained leave to leave  
 “ her, I desired, in my absence, that she might  
 “ be got to bed, kept as quiet as possible,  
 “ and that I might be sent for again as soon as  
 “ the waters broke: soon after which I left her,  
 “ and in about six hours, having delivered the  
 “ person I went to, was coming back, when I  
 “ met a messenger, sent on purpose, to hasten  
 “ my return; she had a very smart pain soon  
 “ after my entrance into the chamber, and upon  
 “ examining, I was surprized to find the *left arm*  
 “ of the *fœtus* in the *vagina*: the parts, however,  
 “ being sufficiently dilated, I disclosed as much  
 “ of her situation to herself and attendants, as

\* A circumstance, from which, by experience, I think,  
 some difficulty in the labour, may always be apprehended.

“ was right and prudent; and, at the same time,  
 “ the expediency of turning the child, to deli-  
 “ ver it, being fortunately well conceived; I was  
 “ much indebted to the laudable resolution, and  
 “ obliging confidence, of my patient; who rea-  
 “ dily submitting to a convenient position, for  
 “ that purpose, I gently and deliberately intro-  
 “ duced my fingers, well lubricated, between the  
 “ posterior part of the *vagina*, and the presenting  
 “ arm, into the *uterus*, that I might raise the  
 “ shoulder, and introduce my hand, in such a  
 “ manner, as to discover the exact situation of  
 “ the child: which I found to be circular, with  
 “ its fore parts to the *fundus uteri*, and the legs  
 “ turned up to its face: the shoulder being  
 “ raised up to the head, I secured the feet, and  
 “ brought them down as far as possible; but that  
 “ not altering the position, so advantageously as I  
 “ wished, I raised the shoulder a little higher, and  
 “ was then able to pull down the legs alternately,  
 “ and bring them down till they advanced into the  
 “ *vagina*, just below the *os externum*: as it was not  
 “ easy to bring them down any lower, I intro-  
 “ duced



“ duced the noose of a garter, and slipping it  
 “ over the feet, fastened it upon both the ancles,  
 “ and then by pulling down the legs, at the  
 “ other extremity of the garter, with one hand;  
 “ whilst the shoulder and head were pushed up  
 “ with the other, with some difficulty delivered  
 “ to the shoulders, and afterwards brought down  
 “ the arms, by paying proper attention to the  
 “ method of introducing a finger, and giving  
 “ each a half round turn: the head was very  
 “ large, and fearful to make use of such force,  
 “ as might endanger a dislocation of the *vertebræ*  
 “ *colli*, I alternately passed up, and pressed a  
 “ finger on each side of the nose, and thus safely  
 “ delivered the child; and, notwithstanding the  
 “ difficulties which attended the whole delivery,  
 “ I had the happiness, to finish it, without the  
 “ least injury to parent or child, who both reco-  
 “ vered, and did well. Your answer will be  
 “ esteemed a favour; and, believe me, &c.”

CASE

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## THE ANSWER.

“ DEAR SIR,

“ **I** AM very well satisfied with the  
 “ method you have followed, in the two cases  
 “ sent me ; but should be glad to know, what  
 “ hour you delivered the laborious case in, and  
 “ how long you was with the woman ; other-  
 “ wise, the case is incomplete. In the *arm case*,  
 “ it was fortunate that your attendance was so  
 “ early ; great inconveniencies might otherwise  
 “ have occurred from the protrusion of the arm  
 “ through the *vagina* ; the long evacuations of  
 “ the waters, &c. Do you recollect, whether  
 “ the head was to the side of the *pelvis*, or to the  
 “ *pubes* ?

“ I am very sincerely, &c.”

TO

to which I replied, "That the time of my  
 " coming to the patient in the laborious case, was  
 " near seven o'clock in the evening, and she was  
 " not delivered till after seven the following  
 " night: and, in the arm case, that I recollected,  
 " the *vertex* to have been situated close to the left  
 " *os ilium*."

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THE reduction of the arm, when it happens that the child is situated in a longitudinal direction, with the head over the *pubes*, and the feet to the *fundus uteri*, the accoucheur will ever find a task, of the most arduous kind, which preternatural labours can possibly furnish; and, particularly so, should he be so unlucky as to be called in, when the evacuation of the waters is not recent, and the *uterus* is strongly contracted round the body of the child: such an unfortunate instance occurred to me in the month of FEBRUARY, 1775. the particulars of which, are comprized in the following case.

CASE

## C A S E    LVII.

**I** WAS sent for to the assistance of a woman, who had been in labour three days, and as many nights: the gentleman who attended her, after the endeavours of a midwife had proved fruitless, with the greatest judgment and tenderness, had strove to reduce the arm by raising the shoulder, and pushing up the fore arm at the elbow, but his attempts had proved impracticable; and being unwilling to amputate the arm, or twist it off at the elbow, although the swelling, coldness of it, and want of pulsation in the wrist, might, in some measure, have induced him to that disagreeable undertaking; fatigued with his post, and despairing of success, after proper consultation, it became my part, to make further trial  
of

of delivery; the pains were seldom, and very weak; though the arm protruded through the *vagina*, and was locked in the *pelvis*, I conceived hopes of being able to pass up my hand between the *uterus* and child, so as to lift up the head and shoulders, and, at length, bring down one or both of the feet; to effect which, I had the woman fixed on her knees and elbows, but found every effort impracticable; if I raised the shoulder and head with one hand, and pushed up the protruding arm with the other; no sooner was it in a train of reduction, than I was obliged, from the strong contraction of the *uterus*, to withdraw the hand with which I had made the elevation, and of course, the arm descended into its former state: in this pressing dilemma, as the difficulties of reducing the arm, and delivering the child by the feet, were thought insurmountable, the amputation of the arm appeared, in our judgment, a necessary and indispensable expedient, for the preservation of the poor woman's life; whose friends had, from the first, been prudently apprized of her danger: but whilst we  
were

were deliberating upon the best mode of operation in this affecting business, we were suddenly alarmed, by an account, of the woman's being seized with a fit; which we found to be the case, attended with a flooding: the matter was now become more complex and serious, than before; for then, by delivering the child, there was a probability of saving the woman; but now, an equal share of danger attended the lives of them both; the patient recovered from the first fit, and received some nourishment, but was, in a few minutes, attacked with a second, and a considerable increase of the flooding ensued; the womb being now no longer capable of resistance, the practice before tried, of raising the head and shoulder, was easily effected, the arm reduced, the legs and feet found, and, by our joint endeavours, the delivery was accomplished; but, although some faint indications of life, at first, appeared in the child, they were no more than the tremulous glimmerings of its expiring light, which was, by far, the least unhappy part of this melancholy case; for, notwithstanding the

extrac-

extraction of the *placenta* was easy and expeditious, and the flooding thereby much prevented; yet, from some fatal cause, not easily to be investigated, the woman went out of one fit into another, till death closed the tragic scene, in less than two hours after the birth of her unfortunate babe. — DIONIS says, of all labours, *that* in which the child presents with one arm *only*, gives the surgeon the greatest trouble; for lying cross ways in the womb, it is impossible for him to bring it away, without turning it; which, he thinks, ought ever to be done, in preference to the practice, which some advise, of delivering the child by the head; which, whenever he has attempted to do, the consequence was always a great deal of trouble, and disappointment: he condemns the folly of putting the child's hand in cold water, or rubbing it with ice, upon the absurd supposition, that, if it is alive, it will, by so doing, presently draw it in; which, he rightly observes, is impossible, if it would, as the weight of the body effectually opposes it: he quotes AMBROSE PARREY's method of taking off  
the

the arm as high as possible, if we are sure the child is dead ; but concludes, that the difficulty of such an operation, and the horror which attends it, ought utterly to forbid the performance of it.

MAURICEAU, he says, thinks it better to twist it two or three times round, to separate the shoulder from the blade, and afterwards to cut the flesh ; for then there will be no danger of hurting the womb, by the asperities of the bone, as we bring away the infant : but here our author very justly remarks, that since MAURICEAU thought not fit to reduce this advice into practice ; so, neither should he desire others to do it.---The judicious and experienced DAVENTER, speaks of the great difficulty attending a labour, when the arm is already come forth to the shoulder, the humours flowed out, and all things closely compressed by the violent force of the pains, and recommends turning the child, that it may be brought away by the feet.---CHAPMAN describes a delivery, in which the child's arm had been eighteen hours in the world, and much swelled, by the long time it was exposed, and the ignorance of the midwife, who pulled



pulled violently at the arm at every pain; not knowing, that it was altogether impossible to extract a full grown infant, by that method; that he searched for the feet, and soon delivered the woman with ease and safety: he delivered the same woman in two succeeding labours; in both of which, the waters gathering, and the pains increasing to a proper degree, the membranes broke, and thrust out one of the child's arms; the passage and *pelvis* were so large, that he found no difficulty in taking the child by the feet, and thus delivered her, in less than a minute, each time: he cautions against the use of instruments to dismember the child; advises the operator to be well acquainted, whether the child be really dead, or not: and mentions a miserable instance of a man, that was lately living, whose arm was thus cut off, before his body, or any other part, but that arm, was born, by a SURGEON and MANMIDWIFE, who, doubtless, took the child for dead; but, finding it, by its bleeding, to be alive, which he did not in the least expect, he stopped the flux of blood, and the child (as

before-mentioned) lived to be a man. --- GIFFARD has given an instance of one hand and the arm slipping down through the inner orifice into the *vagina*; the waters had been gone off a great while; the child dead many hours; and it was about the eighth month of the woman's reckoning: he searched for the legs, which he found, and with great difficulty effected the delivery: a second, where the arm protruded out of the inner orifice, quite up to the shoulder, and the hand bent backwards in the passage; he delivered the child, (which was dead, from having lain so long in the posture he found it) by drawing the first leg forwards, by which means, the buttocks advanced: he adds, that when the child is not very large, and the woman has had children before, there is not always a necessity for pulling down both the feet; for, if one leg presents, and the other is bent forwards towards the child's belly, it will easily pass: to corroborate which assertion, in case 38. he describes a delivery, wherein he succeeded by such means: as also, in cases 58. 80. 122. 136.

146. & 181. In case 187. he obtained both legs, and effected the delivery footling; but in case 190. he tells us of a delivery, where one arm was sunk into the *vagina*, and the shoulder stopped it up, and was closely rivetted in the *os internum*; the woman had been in labour two or three days; in vain were all his endeavours, either to return the arm, or remove the shoulder, so as to pass his hand by it, to reach the feet: upon moving the arm, he found it was very loose, whereby he judged, that the midwife had been pulling at it, for it readily came off at the shoulder: he then endeavoured again to move the shoulder; but, he could not; by any method, pass his hand far enough to reach the feet; he therefore tried to get a finger over the shoulder, to draw down the head; but the neck being very tender, the *vertebræ* gave way, and the head separated from the body: as the shoulder presented first, he fixed a hook near the *scapula*, in order to draw it out; but the parts tore away, so that he was forced to remove the hook two or three times: however, he was, at

last, able to take hold of the shoulder with his fingers, and to draw it out, when the rest of the body easily followed; but he had still a great difficulty to surmount, which was, to bring away the head remaining in the *uterus*; which, he did, after trying in vain with his fingers, by means of the hook, fixed between the futures: he complains of being greatly fatigued by the labour, and attributes the difficulties which arose, to the ignorance and self-sufficiency of the midwife, who did not send in time, when she first observed the child to present wrong; by which means, the waters were suffered to pass off, the *uterus* to be closely contracted about the child, and the whole shoulder to be closely rivetted in the *os internum*. In case 211. he speaks of a delivery, where one arm presented first, and was sunk into the *vagina*; but, as the *fetus* was small, and the patient had been a mother of children before, by which the parts had been sufficiently dilated, he judged he might draw it out in the manner it presented, without danger of the head's separating at the neck from the body,

or

or any ways hurting or tearing the parts of the *vagina*; he therefore passed up one finger as it lay bent, and endeavoured, by pulling, to draw the head and body out, gently pulling, at the same time, the arm before protruded; and, by this method, he soon brought out the whole *fœtus*: in the following case, 212. where the whole arm was protruded into the *vagina*, and the shoulder flopped up the *os tinæ*, he succeeded by obtaining one leg, and bringing it into the *vagina*, he fastened a ligature about the ankle, and endeavoured, by pulling the string, to bring the leg and thigh forward; whilst, at the same time, with his other hand, passed into the *vagina*, he pressed the shoulder upwards, to make more way for the hips to advance, and for the head and shoulders to be turned upwards: this succeeded to his wish, and the delivery was accomplished, but the child was dead: occasioned, as he observes, most probably, by its having been so long engaged, and so closely pressed in the womb, before he came: in case 223. he gives another instance of a similar

nature, in which he succeeded by the same means as the foregoing; but the child was likewise dead, from the long delay of the delivery. The great number of cases, in which our author succeeded in the delivery, by the help of one leg only, ought not to mislead us in our search after the other; which, in general, can be at no great distance; and, more especially, as by the assistance of both, the operator will ever find it much more easy to rectify the situation of the child. Vide LA MOTTE, obs. 272, 273, 274, 275, 276, 277, & 278. Dr. OULD speaks of the arm forced into the world, by the mother's throws, as one of the most difficult cases in MIDWIFERY for the operator; as the feet are at a greater distance from the orifice in this situation, than any other: and the waters, also, are, in a short time evacuated; when the head is not in, or close upon the orifice, to hinder its exit, he advises, if the hand be not far advanced, to instantly put it back into the womb; and, if there be occasion, to dilate the orifice with the fingers, according to the usual directions, that the hand may be introduced along the  
child's

child's belly, to find out the feet, whereby to bring forth the infant: if the hand be so far advanced, that it cannot be put back, he directs the operator to dilate the orifice, so as to thrust up his hand by the side of that of the infant; taking hold of the feet as above: and, in proportion as the feet advance forward, the protruding hand will retire into the womb: the most convenient posture for the patient to be in, during this, and all other operations, where the child is to be turned in the womb, he asserts, to be on her knees, in a bed, at a convenient distance from the operator, leaning her head on a woman's lap, who must sit on a low stool in the bed, for that purpose; but this seems too general an observation of the Doctor's; for, in all preternatural labours, an exact knowledge of the child's position, by distinguishing the right hand from the left, as well as the structure of the *pelvis*, should be acquired, before the posture of the patient be determined on: and nine times out of ten, to place the patient, either on her back, or sides, or in a half sitting, half lying posture, in cases of preternatural births, will be found the most

convenient positions; but, where the feet are at a very great distance, and the belly is pendulous, to place the woman on her elbows and knees, may, sometimes, be found most commodious. Dilatations of the inner orifice can seldom be necessary: and, in this case, as well as all others, it is often best to wait till it is sufficiently expanded of itself, to give free admittance to the hand, which, it will generally be, before the strong pains are abated; and, not till then, the skilful accoucheur will attempt the delivery with his hand; which ever ought to be done in the most gentle and deliberate manner, after it has been well lubricated; observing the line of the *pelvis*, as the first and principal direction, and tenderly reducing the rigidity of the parts, by slow and gradual advances, till the feet are fully obtained.

---Dr. BURTON, in very strong terms, condemns as cruel and inhuman, the method of killing or *murdering* the child, by separating the arm, to come at its body; when an arm, through ignorance, be suffered to advance so far, and continue so long in the passage, that, from its swelling,



ling, and the womb's contracting, it is impossible, as some imagine, that it can be put back: whoever is guilty of this practice, he affirms, ought to be prosecuted for mal-practice, and for wilful murder: from repeated instances, during eighteen years practice, he says, wherein he had had many of these worst cases, he is convinced, that there never can be an instance, where taking off the arm is necessary: he selects one of them which ever fell under his cognizance; and where, he says, if ever there was occasion to have separated the arm from the body, here it was---*first*, because the arm was swelled to above twice its natural bulk, whereby it filled up the *os uteri*, and a great part of the *vagina*: *secondly*, because no pulse could be felt in the arm, and the mother had not been sensible of the child's stirring for some time: and *thirdly*, because the mother was become very weak, for want of rest, &c.---The particulars of this case, are comprized in the Doctor's 21st. observation: and in his 22d. he gives an arm presentation, where the limb was amputated by an ignorant pretender,

pretender, about the middle of the *os humeri*; he afterwards delivered the child; and proves, that there was no necessity for this injurious operation: *first*, because it was not out of the womb as far as the shoulder: *secondly*, because the *os uteri* was sufficiently dilated, to permit the introduction of the hand: *thirdly*, because the patient had no flooding: *fourthly*, because the cutting off the arm could not forward the delivery; for the greatest bulk of the child, is in the head, shoulders, and hips: all which remained of the same size, and were not too large for the *pelvis*; because they were all whole when brought forth: and *fifthly*, because the child was alive, and the mother in no dangerous way, as to flooding, &c. when he did it: the Doctor adds, that he never found any pretenders to the practice of MIDWIFERY, who ever attempted to cut off the arm of any child, but this man, and another, who was a cotemporary with him, and were together at the same place, to be instructed: but this other person, he says, shewed himself the better surgeon, by considering the consequences

quences of having the sharp end of a bone cut or broken in the womb; and, therefore, he more judiciously cut off the arms at the joints, rather than seperate the bone: in the case, where he was sent for to assist him, he had cut off both arms, first at the elbows and joints, and then at the shoulders: if the arm of the child must be taken from its body, he advises it, as safer, for the mother, for the operator to take hold of the *os humeri*, and twist it off at the articulation of the *humerus* and *scapula*; but says, that it ought never to be done at all, especially, if the child is alive: for the Doctor's animadversions on this practice, and his reasons for publishing this case at large, the reader is referred to his book, p. 255. where may be also seen his contrivance of an instrument, resembling a crutch, and which he calls by that name; by the help of which, the presenting arm is to be returned. Vide PORTAL, obs. 4. 54. 61. 68. 71. & 75. also, dr. EXTON, case 5. and dr. SMELLIE, vol. 3. coll. 33. case 3. describes a case, where the membranes were broke, the arm was in the *vagina*, and the shoulder filled up the

*os uteri*, in such a manner, as kept up the greatest part of the waters: this being the case, he raised the head to the *fundus uteri*, and brought down the legs, with much greater ease, than he at first expected; and, the child not being large, was safely delivered: in collection 34. of the same volume, case 6. he mentions an instance of the right arm hanging down, without the *os externum*; the head of the *fœtus* at the left side, and the fore parts to the side, and back parts, of the *uterus*: the legs were brought down, secured by a fillet; taking hold of which with his right hand, he introduced the other to the head, and pushed it up, while he pulled down the legs with the noose; by these means, the head was raised to the *fundus*, the arm that was down returned into the *uterus*, and the child was safely delivered: the doctor also tells us, that he delivered this gentlewoman, once before, in a similar case: in the following instance, case 7. the arm presented; the *pelvis* was narrow; the child was brought footling, and the head delivered with the long curved

curved forceps: for a representation of which, a reference is made to table 35. of the anatomical figures: the next case exhibits the arm of the child in the *vagina*, and the body lying in a round form in the *uterus*; which, with much fatigue and difficulty, was delivered by turning, and bringing the feet foremost: next follow two melancholy instances of ignorance; in the first, the arm presented, and was taken off by another practitioner; who, afterwards deserted the patient, who was seized with a flooding, and delivered by dr. SMELLIE, by turning the child, and bringing it by its feet; but the patient died, from the great loss of blood, the same night, about two hours after he left the place: in the second case; the arm of the child, we are told, came down into the *vagina*; the patient had been many hours in labour, and a flooding had begun; but was abated, after the waters were discharged: the Doctor proposed to deliver by turning, and bringing the child by the feet; but herein being opposed, as that was a new method, and not known in that place, an  
 older

older practitioner was sent for; who, instead of turning, fatigued himself, and the woman, by pushing up the arm, to bring the head to present; and, when that method failed, he tried to deliver, by pulling at the arm: hereupon, another gentleman was sent for, who lived at a much greater distance than the former; but the flooding had increased so much, by the former violence, that the patient had expired before his arrival; and, as he knew more of the practice, he regretted much, that the method, which our author had proposed, was rejected: a very striking instance this, how very erroneous the ancients were, in endeavouring, in such cases, to make the head present; which was here, and, I doubt not, in many other cases, attended with fatal consequences; therefore, it may, with the strictest truth and justice, be affirmed, that turning, to deliver by the feet, in such preternatural presentations, is an improvement in the obstetric art, of the first importance, and has been the means of preserving the lives of great numbers of women and children: in case 12. of the same collection,

tion, we meet with an instance, of the arm lying double in the *vagina*, the fore parts of the *fœtus* to the anterior parts of the *uterus*; and the woman delivered, according to DAVENTER'S method, by turning her to her knees and elbows: and also, in case 16. where the arm and shoulder of a second child, was forced down without the external parts; he was afraid, that it would be impossible to force up these parts of the child into the *uterus*, so as to turn the *fœtus*, and bring down the legs; but, upon trial, he succeeded beyond his expectation, and delivered the child alive: again, in case 3. no. 2. of the same collection, he has given an account, of the left arm and shoulder of the *fœtus* presenting; the head over the *pubes*, and the fore parts of the child to the right side of the *uterus*: in which, after several trials, and the greatest difficulty, he turned the child, and delivered it alive; but, says, he was so much fatigued, that he was not able to raise his arms to his head, for a day or two: case 13. contains a supplement to case 3. from dr. DURBAN, in which the arm presented: as  
 does,

does, likewise, case 14. to the same case, in a letter from mr. MUDGE, of PLYMOUTH: in case 18. no. 2. of the same collection, we are favoured with another arm presentation; wherein the gentleman, who communicates the case, after much difficulty, succeeded in his attempts, to turn, and deliver the child by its feet: in case 5. collection 35. is inserted, a very extraordinary instance, of the protrusion and tumour of the arm; which, as well as one of the legs, was pulled off in the delivery; and the body and head, afterwards delivered with the crotchet; occasioned by a distortion in the *pelvis*: case 15. contains a supplement to the above case; and here, the arm presented; the shoulder was mistaken for the head; the arm was pulled off; and the head was afterwards delivered with the crotchet.

I HAVE been more diffuse in my quotations and observations on the presentation of the arm, as it is a position which very often happens; is frequently complicated: and, in general, requires the utmost skill and care of the accoucheur.

CASE



## C A S E    L V I I I .

**O**N the 24th day of APRIL, 1777, a midwife sent for me to a woman, with whom she had been some hours ; told me, her patient had endured very violent pains ; that about an hour before my arrival, the membranes had broke, and one of the child's arms fallen down into the birth : and, that as soon as she perceived this to be the case, she had desired my assistance ; the woman was very much disheartened, on hearing the child came wrong, as she had always been used to quick, easy, and natural births : the pains, I was told, had been strong, but were now diminished ; and as the waters were not all drained off, the *pelvis* was well proportioned, and the woman had borne several children before ; an immediate search for the legs

F f

appeared

appeared to me to be the most eligible plan. It was the right arm of the child which presented; therefore, I could not err in my conjecture of its position: she was already in a supine posture, and near the foot of the bed: upon which, as the *os tincæ* was sufficiently dilated, I lubricated my hand, and without altering her posture, conducted it, as she laid, between the body of the child and the *uterus*; came at the feet, without much trouble, and by bringing them down, the protruding arm, of course, receded into the *uterus*, and the delivery was finished without any very great difficulty. From hence, it is evident, how great an advantage, the operator finds in attending early; and, how much sooner, the business is done in that case, than where the waters have been long elapsed, and the *uterus* is contracted; besides, the good proportion of the *pelvis*, and this not being the woman's first child, both, in great measure, added to the ease and facility of this delivery.

IT behoves me to pay a just Tribute of praise to the midwife, for her prudent conduct, in requiring timely assistance: and, I think, DAVENTER'S Instructions on this head; wherein he advises the woman midwife, in all difficulties, to refer to the advice of physicians, or surgeons; by which she will not lose her credit, or degrade herself: and says, that it is more commendable in her, not to meddle, but distrust herself, and commit the matter to another, than rashly to endeavour more than she can do; trusting to her own knowledge and experience, cannot be inserted in a more proper place:—*it were* to be wished, that women practitioners, in general, were better instructed in the practice of MIDWIFERY; otherwise, in cases of the least difficulty, *they cannot be able to ascertain* how far the business may be left to Nature, or, where superior assistance becomes absolutely necessary.

## C A S E LIX.

Mrs. W. after having been troubled with trifling irregular pains in the belly, for many nights together; for, in the day time, she was generally pretty easy, sent to me on the 29th of JULY, 1776. I examined her, and found the *uterine orifice* not in the least extenuated, and no mucus descending from the parts: she complained of having been costive; I pronounced the pains to be *spurious*: directed a medicine of the most gently laxative kind to be taken occasionally, and a few drops of the *tinctura thebaica*, in a small draught, at bed-time, or in the night, when the uneasiness should return; by these means, she proceeded in a tolerably easy state, till the 14th of AUGUST following, in the morning of which, the genuine labour pains came on: they were, at first, remote, continued but a little while at a time, and a remission

sion of, at least, half an hour, intervened; but, towards the evening, they acquired a greater degree of force, and recurred more frequent; the abdominal tumour subsided; she was hot, restless, and the mucus discharge was tinged with blood; the *membranous bag* appeared flaccid to the touch; and, notwithstanding the increased strength of the pains, the *os tinæ* remained thick, and but little open; on the remission of a pain, I could distinguish by the touch no particular part of the child which presented: upon which, the labour was suffered to go on in its own way, till the pains became very severe indeed: and now I examined her again, and found the membranes much more tense, and pushing against my finger, with a greater dilatation of the *os tinæ*: in a pain or two afterwards the membranes broke, and *both hands* immediately fell down into the passage. Here was another preternatural labour; in which, I was so lucky, as to be present on the rupture of the membranes. The position of the *fœtus* could not be well mistaken. I advised

it, as most expedient, to turn the child, and deliver it: the patient was not, in the least, averse to the proposition, and was, therefore, easily placed, in a convenient posture, on her back; when, my hand, being well lubricated, I gently passed it over the chest of the child; but meeting with the *placenta*, which adhered on that side of the *uterus*, I withdrew it, and turning the woman, from her back to her side, introduced my other hand on the opposite side; but the action of the *uterus* prevented my proceeding: when it ceased, I renewed my attempts, and carrying my hand up to the feet of the child, which were lying towards the belly of the mother, brought down the legs, and extracted the body, with the utmost care and caution; the *placenta* followed, without much difficulty; it was a fine healthy child, and had sustained not the least accident in the delivery: the mother had an exceeding good getting up, and has since undergone two deliveries, without any extraordinary trouble.—I have been informed by a gentleman of credit; that, about six years ago, he met

met with a case, where *both hands* presented; the waters had been long gone off; the *pelvis* was narrow; and the difficulties he laboured under, were almost incredible; for, notwithstanding his utmost endeavours, there was no access to come at the feet\*; one arm was, therefore, twisted off

\* I am told, it is, the opinion of a very judicious and eminent accoucheur, that when we are called to a case, in which the arm presents, if great force has been used to extract the child in that position; or, the arms have been mistaken for the legs, the pains at the same time being very violent, it is impossible to turn the child; because we cannot introduce our hand into the *uterus*, the shoulders and body of the child being pushed low down into the *pelvis*: under such circumstances, he observes, there is happily no necessity of turning the child, as it will be expelled by the power of the pains only; yet, in these cases, he avers, that the body of the child does not come doubled, but the breech is the first part delivered, and the head last, the body turning as it were *upon its own axis*; he does not confine this observation to a small child coming prematurely, but to a child of common size, provided the *pelvis* is well formed; nor does he rest his assertion upon mere hypothesis, but founds it on *four* cases, which occurred in his own practice, in which the women were delivered: he infers not from hence, that there is no necessity to turn a child when the arm presents; but leaves it for future experience, to determine how far, and in what cases, the preceding observations ought to be a guide in practice.

at the elbow, and the child delivered piecemeal, in the best manner the operator could direct, by means of the crotchet; and the poor woman survived but a few hours. Vide MAURICEAU, chap. 21. lib. 2.—LA MOTTE observes, that when the pains are at the sharpest, the surgeon ought to enquire into the situation of the child; and, if he finds a hand presenting through the membranes, he ought to open them immediately, and proceed to delivery; preventing, by that means, its coming down into the *vagina*, which it would partly fill, and be an impediment to the introduction of the hand into the *uterus*: he gives us two instances of *both hands presenting*; in one of which, obs. 244. upon touching, he found several little parts confused together, without being able to tell, whether they were hands or feet; he opened the membranes, and found them to be the hands; wherefore, he pushed on to the bottom of the *uterus*, and met with the feet very far from one another, and joining them together, finished the work; the *placenta* soon after following: he further remarks, that any practitioner may be in doubt,

about



about knowing the hands from the feet, through the membranes; but says, it is of no consequence, since the same thing is to be done in either case: the operator, however will, in this instance, find it best, not to be too precipitate, and attempt a rupture of the membranes, till he finds the *uterine orifice* sufficiently expanded.

—The next case of *both the hands presenting*, is in his 245th obs. the woman had strong pains; the membranes broke suddenly, and discharged the waters, and the hands with the breast, were pushed down at the same time, with the same violence: he put her in a proper situation to be delivered, as soon as the pains should abate their fury; kept his hand upon the breast, and as soon as she had the least interval, slid it along, to find the feet, which he did not succeed in for a great while; but, at length, obtained them, with much hard labour, and delivered a weakly child; which lived but a short time.—Dr. ASTRUC, speaking of the presentation of the *hands*, says, “ this posture is easily known, when the membranes

are

are ruptured; and, as it is impossible, for the child to be delivered therein, it ought to be quickly remedied:" he further adds, that " they endeavoured, formerly, to reduce this case to a natural labour, by the head;" and, some ignorant midwives, still act upon this principle: but, he advises, turning of the child immediately, when the waters are drained off, and to deliver it by its feet.—Dr. OULD describes this to be one of the most difficult cases in MIDWIFERY, for the operator; as the head being out of its natural direction, cannot press on the orifice, so as to dilate it: and the small dilatation that is made, is taken up by the head; which cannot be put back, if far advanced, so as to give admission to the operator's hand to bring forth the child by the feet; which is the only method in this exigency: and the feet, he also observes, are at a greater distance from the orifice, in this situation, than any other; the water is also, in a short time, evacuated, when the head is not in, or close upon the orifice, to hinder its exit; his directions are,

to turn the child, and bring it by its feet, as the only safe and sure method.—In the third volume of dr. SMELLIE, collect. 35, case 6, we meet with a very extraordinary case, where *both arms* were pulled without the *os externum*, the breast to the lower part of the *pelvis*; there had been two midwives with this woman for two days, one of whom was her mother; *both arms* had been down most part of that time, and had often been pulled at to bring the child as it presented; the arms were much swelled, and one being almost pulled from the shoulder, was snipped off with the scissars: upon inspection, the parts of the woman were found livid, but not tore; the patient was flooding, and appeared in a dying condition. Her husband and friends being made acquainted with the circumstances of the case, begged, if possible, she might be delivered before she expired. Contrary to the Doctor's expectation, although the breast was pulled low down, he easily pushed it and the arm up into the *uterus*, and brought the child footling. He had no hopes of her recovery, although she  
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seemed to revive a little from the joy of being delivered; because he was pretty certain that a mortification was begun, from the livid appearance of the external parts, and her complaining of no pain; when he introduced his hand into the *vagina* and *uterus* the *placenta* was all detached and lying loose in the *uterus*. This was not her first child. The Doctor was called in the evening, and she lived till next morning.— In the two following instances; where there was a prolapsion, of *one* or *both hands* along the head, I succeeded in the deliveries, by leaving the labours to nature only. But, in both cases, the presentation of the head was natural; the *pelvis* well-formed, and the *fetus* not very large.

## C A S E    L X.

I WAS sent for to a village, about five miles from this town, on the fourth of NOVEMBER, 1769, to a patient, who had been a considerable time in labour, and was attended by a midwife; who told me, she could very plainly feel *one hand* of the child: on examination, I found the *os tinæ* considerably dilated; the head descended below the brim of the *pelvis*, nearly to the middle; and the fingers of the left hand, coming down, on one side, at some little distance before it: the membranes broke two days before; and the waters discharged were very foetid; from which it was concluded, that the *fœtus* had been dead some time; the pains were strong and regular, and the woman under no apprehensions of danger; but, so very sick, that no sooner had a pain left her, than reach-

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ings and vomitings succeeded, to the most violent degree, which I ever remember to have met with; and this, I was informed, had been the case from the beginning of her labour.—The opinion of DIONIS, concerning the vomitings, which attend women in labour is, that they are of excellent use, and are a sign, that the child will come right, and that it strikes against the bottom of the womb; which has a sympathy with the stomach, by reason of the ramifications of the nerves, distributed to both one, and the other. Be that, as it may, in this case; tho' harrassing to the woman, they were far from being detrimental; I several times attempted to push the hand up by the side of the head, but the pain or vomitings, alternately recurring, was as often obliged to desist; at length, however, the head advanced, and, in about an hour, was safely delivered; the rest of the body followed, without any difficulty; the child was alive, and the woman had a good recovery.

THE sickness which attends labour, from the violent efforts of the *uterus*, as well as the nausea and retchings, which are often so troublesome in slow and protracted labours, most probably originate from the same cause, viz. the dilatation of the *os uteri*; by which, from the power of sympathy, the stomach becomes more or less affected. — It has been generally supposed, that where foetid waters have been discharged before the delivery of the *fœtus*, they are a certain sign of its having been dead some time; but the fallibility of that conclusion, as in this instance, ought to make us on our guard, how we incur any rash proceeding upon the strength of such a conjecture. — This patient was pretty far advanced in years before she became pregnant, which accounts for the tediousness of her labour; for the parts had thereby acquired a rigidity, much beyond that which we meet with in patients who are young, or in those who have borne many children.

## C A S E L X I.

**I**N the year 1774. I was suddenly called to a patient, who had been taken in labour the night before; her pains had been small, but very regular; she had greatly complained of the Cramp in her thighs and legs; but after the membranes broke, which was about an hour before I saw her, she had been totally free from that complaint; she was rather low spirited, and the labour had been somewhat protracted, by an unwelcome piece of news, in which she was much interested; and which had been very imprudently revealed to her. I gave her some consolatory advice; and observing, the bad effects, which too much vexation might have on her labour, administered an opiate, and left her: in a few hours after

I was



I was sent for again; and, then being permitted to examine, found the *os uteri* largely open, and the head advanced to the middle of the *pelvis*, with a hand on each side of it; and not being able to reduce either of them above the brim of the *pelvis*, which was well-proportioned, I thought it best to let the labour go on, in its own way; presuming, that probably the work might be accomplished, by so doing, without any farther trouble: and herein I was not mistaken, for, in two hours time, the woman was happily delivered of a fine live child. The navel string, which is subject to considerable variations, was here so very hard and rigid; that, after the child was removed, it was scarcely twisted round the fingers of one hand, and pulled cautiously and gently with the other, before it gave way, and broke; the *os uteri*, although the child had not been delivered more than half an hour, was so much contracted, that, as no immediate necessity appeared for the extraction of the *placenta*, I let it remain; and was informed, in the morning, that the woman had passed a to-

terable good night; and, that it came away, of itself, after a strong pain or two, about midnight.—MAURICEAU has an opinion, of the \* sudden contraction of the *uterus*; when he says, that the *internal orifice* of the womb, shuts, while we tie the navel string, and makes it a harder task to bring away the *placenta* —DAVENTER, speaking of the contraction of the womb, remarks, that the manner of its contraction, is the same as of its extension; only, one is done by degrees, and the other quickly: he also adds, that he has sometimes opened a woman dead in child-bed, about the 8th or 9th day after her delivery; and has wondered to find the womb so little, and so near its natural state, as if she had not been newly delivered.—It is very necessary to observe; that, under the circumstance, of *both hands*, prolapsing along the head, so as to obstruct its passage through the superior part of the *pelvis*; or, at any time, when *one hand* prolapses with any other part, as well as the head, it may be often found proper, to bring the child by the feet, except in a very nar-

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\* Vide cases the 13, 14. & 16th. of this book.

row *pelvis*; the operator, ever remembering, that, unless the *uterine orifice*, is sufficiently dilated to admit the insinuation of his hand; (except in cases of extreme danger,) it will be prudent in him not to proceed: and, even then, much care, and circumspection, will be found requisite.—It is a matter not unworthy our notice, that the more hard and rigid the chord is, the greater will be the danger of breaking it, by pulling, in order to draw out the *placenta*, after the birth of the child. And it is also to be remembered, that, as the *umbilical chord* is most dense, firm, and strong, next to the *fœtus*; so, it is generally *extenuated* in its progress to the *placenta*; and, consequently, becomes weaker at its insertion into that *vascular mass*; from which, by pulling with too much force, it will, on that account, be the more easily separated.

## C A S E    L X I I .

**T**HE 4th of JUNE, 1776. Mrs. N. was taken with uneasy sensations in the *abdomen*, back, and loins; which continuing till the next day, I was sent for; she had a discharge of mucus from the *vagina*; and there were other signs of approaching labour: notwithstanding which, it was impossible to discover the *os tincæ*, by the touch; the difficulty of reaching it, convinced me of the probability of, at least, a lingering, if not a laborious, or preternatural labour: I, therefore, desired that a midwife might be kept in waiting; and, to be sent for again, when her pains had acquired a greater degree of force. It was not, till the afternoon of the following day, that my attendance was again required; when I was informed, that the pains had

had been quick and sharp for some time past; that the waters had been discharged; but the head of the child continued very high up, and did not advance in the least, although the parts were sufficiently open: from this account of the case, had the midwife been right in her conjecture of the part which presented, there could have been but little doubt of a difficult labour; but it was more particularly to be feared, when now, upon searching, I easily perceived, that the part which was mistaken for the head, was, in reality, the *shoulder*; the *acromion* being distinguishable by the *claviell*, and neck leading to the head; I carefully avoided the least surprize, privately convinced the midwife, that the posture of the child was wrong; and, after some deliberation, as the strong pains were much abated, and the *shoulder* presented, the expediency of an attempt to deliver the child footling appeared of the utmost consequence. The midwife was right in her account of the distention of the parts; for, notwithstanding, the child, in its present situation,

rather extended from side to side, and the presenting part could not, even with the assistance of pains, have had any great effect in dilating and stretching the *os uteri*; its orifice was sufficiently enlarged; and, therefore, as the patient laid on her side, I endeavoured in the most gentle and easy manner, to insinuate my hand through the *vagina* into the *uterus*, with a view to obtain the feet: but, as they were situated towards the *fundus uteri*, and the *abdomen* was pendulous; without using any exertions, which might have been painful to the woman, and proved fruitless in the event; I recommended to the patient a prone position, resting on her elbows and knees, according to DAVENTER'S instructions in the like case, to which advice she gave her consent; and then, by a slow, gradual introduction of my hand, I passed the presenting part, soon found the feet, and carefully brought them down, without any injury to the back or hips, and afterwards cautiously accomplished the whole delivery, in less time than I expected, and both mother and child did very well.—

MAURICEAU, in speaking of a delivery, when the child comes with *shoulder*, back, or breast, considers the *shoulder* to be the most difficult of either presentation, because, it is furthest from the feet of the infant; and very justly recommends the surgeon to attempt the delivery by the feet, in preference to the former method of trying to put the shoulder back to make way for the head of the child, that so it may be reduced to a natural birth.—DIONIS also speaks of this as one of the worst postures that a child can possibly come in, not only because of its great distance from the feet, but also because the head and neck, when thus placed, are very much squeezed and compressed.—We find the judicious DAVENTER of the same opinion, and entirely agreeing, in the mode of delivery, with both the foregoing writers. Vide GIFFARD, case 171. PORTAL, obs. 7. 19. 21. 48, & 56. and LA MOTTE, obs. 243. In the fifth case of dr. SMELLIE's third vol. coll. 34. we meet with an instance, where the left *shoulder* presented: after the body was delivered, by first bringing down the feet, the head stuck

in the *pelvis*; the short forceps were employed; but not succeeding, it was at length brought down, and with much difficulty, delivered by manual assistance alone: in the first case of no. 2. in the same collection, the left *shoulder* presented; the fore parts of the child to the right side of the *uterus*; the child was delivered by the feet, but not without changing hands three or four times, which were much squeezed and cramped by the strong contractions of the *uterus*, &c.—in the next case, the right *shoulder* presented, the legs being against the fore part, and *fundus uteri*: here the delivery was assisted by the noose: the 15th case of the same number, contains a *shoulder* presentation, with a pendulous belly: and DAVENTER'S method of turning the woman to her knees and elbows, is advised to be tried in such cases: case the third, of the 35th collection, in the same volume, exhibits an instance of a *shoulder* presentation; in which, we find the *fetus* delivered, by the shocking expedient of tearing down the body with the crotchet.



## C A S E LXIII.

**E**ARLY in the morning of the 11th of NOVEMBER, 1774. being sent for to a woman, whose former labours had been natural, and not attended with any extraordinary difficulties; I found the membranes broke, and that one of the *hips* presented; it was the left, situated above the *pubes*, and the thighs were to the right side; the *os uteri* was pretty much spread, and the labour pains, which had been very strong, were now grown weaker, and recurred at very long intervals:— in this position of the case, I did not hesitate, to give it, as my opinion, that the child should be turned, and delivered; I ordered an emollient clyster to be given the patient: and soon after, as the woman laid on her left side, gradually passed my right hand into the *vagina*, and pushing gently for-

ward, so as to raise the breech, advanced it along the thighs to the *fundus uteri*; the waters being not all evacuated, facilitated the introduction of my hand to the *fundus*; where I easily found the legs, and having brought them and the thighs down, I turned the belly to the *sacrum*, and, in a few minutes, effected the delivery; both the mother and child did well; in this case it was a very material advantage to me, that the waters were not all evacuated, and consequently, the *uterus* but little contracted round the child's body: the facility with which I delivered was also much owing to the smallness of the child, a well-formed *pelvis*, and the woman having before borne several children.—I have since attended the same person in three Lyings-in, and, in neither, of which, had much more to do, than to receive the child in a short time after coming to her.—GIFFARD, in case 49. met with a child presenting with the right *hip* foremost; he endeavoured, by passing his fore-finger over the thigh, near the groin, to draw the *hip* forward; but that method not succeeding, he  
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tried to bring a string, doubled over the end of his finger, over the thigh, and with some difficulty did it; and passing up a finger on the other side of the thigh, he took hold of the part of the string that was doubled, and brought one end out of the *labia*, and then taking both ends in his hands, when a pain came on, he pulled gently towards him, advising the patient at the same time, to press strongly down; by which means, he found the child advance according to his wish, and was soon able to extricate the *hips*, and bring out the legs and thighs; but finding the belly turned somewhat sideways, he put one hand upon the back, and his other under its belly, and turned the face towards the *anus* of the mother; when he had brought the child as far as the shoulders, he fetched down the arms; and finding it stick at the head, put two fingers into its mouth, and by pulling gently at the lower jaw, and at the back part of the shoulder, in a short time brought out the head; the child was born alive, but died soon after. Vide cases 123. 197.

& 204. of the same author. And LA MOTTE, obs. 283. & 284. who observes, that there is no part which resembles the head more than the *hip*, it being hard and round, and always at a great distance, as it will not admit of being bent enough to engage in the passage, unless forced, indeed, by the sharpest pains a woman can endure, after the coming away of the waters: he advises the surgeon not to stay till this *pretended head* advances; but, without delay, to set about enquiry into the situation of the child.—PORTAL has given a case, in obs. 52. where a child was situated with the *hip* foremost; and he safely delivered it by introducing his hand, and bringing the child by its feet: he adds, that it was born alive, notwithstanding it had voided, before delivery, much *meconium*, or black excrements: contrary, he says, to what is asserted by MR. VIARDEL, in the 4th chap. of his observations, page 75. viz. “That, upon searching a patient, he met with the said excrement, and thence concluded that the child was dead: adding, that no body before him had made this observation.”

fervation." Our author very justly contradicts  
 this assertion: and adds, " That of an hundred  
 children, which came with the fundament fore-  
 most, at least, fourscore are born alive, though  
 they always void these black excrements." And  
 here it may be proper to observe, that the *meconium*  
 either passed by itself or with the waters, is  
 almost a general concomitant of a breech presen-  
 tation—in any other preternatural position of the  
 child; or, where the labour is attended with  
 extraordinary circumstances; the discharge of  
 the *meconium* ought never to be considered as a  
*certain indication* of the *fœtus in utero* being *ex-*  
*tinguished*; the most certain signs of which will be  
 found to be the cadaverous smell of the  
 waters, evacuated from the *uterus*; no pulsation  
 in the *fontinelle*, *funis*, wrist, or ankle: but, above  
 all, and which is the most unerring indication of  
 the child's death; and, that the greatest de-  
 gree of putrefaction certainly obtains, is, the  
 cuticles peeling off to the touch: most, if not  
 all of the other signs, which authors have taken  
 much pains to delineate are, at best, equivocal  
 and

and uncertain; and, by relying on them, we shall often be deceived. In respect to the *mecconium*, I have frequently known a discharge of it, where the presentation has been natural, and the delivery fortunate and expeditious. But to return to what more immediately concerns the case above related; I shall refer the reader to case 8. coll. 32. of dr. SMELLIE'S 3d vol. which, in some respects, is nearly similar to that which fell under my care: also, in case 4. coll. 34. we find the side of the *hip* presenting, with the fore parts of the child to the back part of the *uterus*; in which case, the author tells us, the child was safely delivered, as in breech cases: in cases of both 10. & 11. in the same coll. we find the *haunch* of the child presenting; and, the deliveries effected as before.

## C A S E LXIV.

I WAS called to a woman in labour about six o'clock in the afternoon of the 7th of SEPTEMBER, 1769. a midwife had been long in waiting, and the waters some time gone off: upon examination, I found the hands, feet, and *funis*, altogether in the *vagina*; upon which, I turned the woman to a supine posture, and introduced my hand, well lubricated, secured the feet, brought them down without the *labia*; the other parts receding in proportion as the feet advanced, and the child was pretty easily delivered; the smallness of its size, the retention of the *placenta*, and recurrence of labour pains, made me suspect another child behind; and upon placing my hand externally between the *umbilicus* and *pubes*, I found a hard circumscribed tumour:

mour: and, upon gently introducing my hand into the *uterus*, a second set of membranes was perceptible, but no part of the child distinguishable through them: I ordered a gentle compression to be made on the *abdomen*, as the woman was in a pretty good state, thought it best to wait for the natural pains; by the force of which only, in less than an hour, the membranes broke, and the child was delivered breech foremost. No attempt had been made to extract the first *placenta*; on the *funis* of which I had applied a ligature at that end next the mother: I had now both chords at my command, and the *placentæ*, which formed but one mass, soon advanced towards the *uterine orifice*; where, from the size, it met with considerable resistance, and I was obliged to introduce two fingers into the *vagina*; by which means, I brought down the edge, and afterwards the whole body followed, with very little difficulty.



IT is a rule, well worthy the practitioner's most serious consideration, never, by force, to attempt the delivery of the *placenta*, after one child is born, and no doubt remains of their being a second; as by such practice, in an ignorant pretender to MIDWIFERY, I once knew a flooding brought on, which proved fatal, even before the second child was well delivered. After the birth of the first child, it will be prudent and safe, to make a gentle compression on the *abdomen*, for this very substantial reason: that the sudden removal of *uterine* pressure may not be attended with dangerous consequences. In general, we find but one *placenta* to one child; yet it frequently happens, as in the case before us, that there are Twins, which have only one *placenta*, in common to both: and BARTHOLIN, in his Epistle cent. iii. Epist. 62. makes mention of a woman having miscarried of three children, who had only one *placenta*, in common to them all. In case 8. coll. 37. of dr. SMELLIE'S 3d. vol. we meet with an instance of three children; two of which had one *placenta*

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in common to them both, and the third one to itself. In the case which follows, is described the history of three children at a birth, two of whom had likewise their *placentæ* joined together, and one separate. And LA MOTTE, in obs. 300. speaks of three children at a birth, whose *placentæ* were all united, and formed a mass of a prodigious bigness; which was likewise the case in another delivery of Twins, that immediately follows in obs. 301. and, in both these cases, he tells us, that he was not able to obtain the *placentæ* by the chords, but was obliged to have recourse to manual assistance. Vide case 101. of this collection.

## C A S E LXV.

THE 29th of NOVEMBER, 1775. I was called to a woman, whose midwife about eight hours before had delivered her of one child by the natural pains; but finding it impossible to bring away the *placenta*; she had examined, and found the head of another child, which, as the pains were good and strong, she every moment expected to advance, and be delivered; but, at length, finding the pains slacken, and the woman, she said, much weakened by flooding; she had requested further assistance: I found the patient hot, restless, and weak, and the pains not very strong but pretty regular; at the same time, upon examination, I was glad to find the head had passed the brim of the *pelvis*, and was so far advanced, that the soft parts of the woman

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began to protrude. The draining of blood, which the midwife had thought to be a *uterine flux*, proved a discharge, from the navel string of the child, which had been first delivered. After making a ligature on the bleeding *funis*, and waiting a few minutes, the child was delivered without any difficulty; appeared to have been dead no great time, and most probably was injured by the flux from the *funis*; the *placenta* was in one large mass with two chords, pretty easily separated, and was delivered soon after the birth of the second child: the woman continued very feverish, with a quick pulse, complained of pain and sickness at her stomach; had little rest that night; and the next morning was attacked with the incipient symptoms of a puerperal fever; she had vomited a large quantity of *black bile* from the stomach, shewed great anxiety, sighed deeply, and laboured under much dejection of spirits; the *lochia* had, at first, flowed in a small quantity, but now totally disappeared: the next day she became highly convulsed and delirious, and expired on the fourth

from

from her delivery.—Dr. LEAKE remarks, that whenever the quickness of the pulse does not soon go off, after the delivery, it denotes something amiss in the habit, which may kindle up a fever; and, which is always found to be the more dangerous, the sooner it invades the patient.—HIPPOCRATES, in his Aphorisms, takes notice, that black excrements, resembling black blood, are to be looked upon as a bad omen: and, that black bile rejected either upwards or downwards at the beginning of a disease, is a mortal sign; which observation was in this case too fatally verified—Dr. BURTON has given an instance of a mother and child being almost wholly drained of their blood, by the midwife's neglecting to tie the navel string of *the first of the Twins*, which was brought forth without perceiving that the other still remained in the womb. It is very probable, that as this patient laboured under the *pathognomonic* symptoms of putridity, that might, in great measure, be the cause of her death.

C A S E    L X V I .

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

“ SEPT. 30, 1769.

“ DEAR SIR,

“ **F**ROM some singular cases,  
“ which have lately occurred to me ; I take the  
“ liberty of selecting the following one, for your  
“ perusal and opinion: about two o'clock in the  
“ morning of the 16th. past, I was sent for to a  
“ young lady, in labour of her first child ; and  
“ found her under much anxiety and depression  
“ of

" of mind, from having lost her husband a few  
 " weeks before by the small pox; from which  
 " distemper, of the distinct kind, she herself was  
 " but just recovered; a midwife had been in  
 " waiting for a week, who informed me that  
 " the patient had been in labour for the greatest  
 " part of that time. The pulse was extremely  
 " languid; I gave her two spoons-full of  
 " a cordial mixture; and soon after, in the  
 " course of a little pain, took the opportunity of  
 " examining her: the *os tincæ* was pretty widely  
 " spread, though very high up, inclining back-  
 " wards; the parietal bones decussated each  
 " other, and pushed down, in a lengthened  
 " form, to near the middle of the *pelvis*; whose  
 " capacity, I could plainly perceive, to be re-  
 " trenched by the intrusion of the *vertebræ lum-*  
 " *borum* over the *sacrum*. I felt myself most  
 " extremely unhappy, for the possible danger of  
 " the case; and diffident of my own powers,  
 " without shewing any marks of fearful appre-  
 " hension, or conveying the least idea to the pa-  
 " tient of her very discouraging situation: in-

“ formed the relations of my real opinion ; and,  
 “ at the same time, hinted to them the obliga-  
 “ tions I should be under, in their calling in to  
 “ my assistance, a senior practitioner, of esta-  
 “ blished reputation ; but finding my proposal  
 “ not properly attended to, and the charge,  
 “ which, on many accounts, I could have been  
 “ glad to have had divided, thus devolved on  
 “ myself, and become entirely my own ; I be-  
 “ gan to consider, that the first stage of the la-  
 “ bour was perfectly finished, that nature had, in  
 “ vain, exerted her utmost efforts ; which, with  
 “ the declining strength of the patient ; it was  
 “ easy to infer, that a recurrence of pains  
 “ would be but of little service in the advance-  
 “ ment of the head : and seeing not the least  
 “ prospect of advantage by delay, I thought of  
 “ the long curved forceps, to extract the head as  
 “ it presented : with this view, I gave her an  
 “ emollient clyster, of milk, oil, and sugar. It  
 “ was in vain that I sought for an ear, to ascer-  
 “ tain the application of this instrument ; the  
 “ compression of the head was so great, as to  
 “ firmly fix it in the *pelvis* ; and the contraction  
 “ of.



" of the *uterus* increased by the long evacuation  
 " of the waters, gave me so much trouble in the  
 " introduction of my hand, as the patient laid  
 " on her side, that I was obliged to withdraw it;  
 " when, to my great surprize, and as an addi-  
 " tion to my embarrassments, an incipient flood-  
 " ing came on, and made the case more despe-  
 " rate and dangerous; however, concealing my  
 " thoughts, and still unwilling to employ the  
 " crotchet, I persevered in my first design; and  
 " placing the patient on her back, succeeded in  
 " the introduction of my left hand, within side  
 " of which having insinuated one blade of the  
 " long curved forceps; I passed up my right  
 " hand on the opposite side, and then with-  
 " drawing the left, applied the second blade of  
 " the forceps, and locked the handles together;  
 " which was scarcely done, when I perceived  
 " the flooding to increase, the woman sunk away  
 " in a fainting fit, and, I was afraid would in-  
 " evitably expire under my hands: I had no  
 " time to tie the handles of the forceps, and, at  
 " this instant, making use of a small degree of

“ pulling force, the instrument slipped from its  
 “ hold, and my task now remained to be done  
 “ over again : in a little time, she so far revived  
 “ from the fainting fit, as to drink a little red  
 “ port ; and, without altering her position, after  
 “ much difficulty, I again applied the forceps,  
 “ and now secured the handles with a garter, by  
 “ which time she relapsed into a second fainting  
 “ fit ; and, during its paroxysm, I brought  
 “ down the head, so low as to protrude the ex-  
 “ ternal parts : and now, with the fore finger of  
 “ my left hand, I could discover the forehead to  
 “ the right *os ischium* ; therefore, thought it  
 “ right to turn it into the hollow of the *sacrum*,  
 “ as a means of saving the *perinæum* from lace-  
 “ ration, to which it would otherwise have been  
 “ exposed : having now a good command of the  
 “ handles of the forceps, I soon effected this  
 “ business, and standing up, delivered the head,  
 “ which was squeezed to a prodigious length ;  
 “ and, notwithstanding my utmost care and  
 “ caution, the *perinæum* suffered a slight lacera-  
 “ tion ; an accident I was extremely sorry for,  
 “ but

“ but could not, by any means, avoid: the pa-  
 “ tient continued in a fainting fit, through the  
 “ whole time of the delivery: and, it was not  
 “ till after the separation of the *placenta*, which  
 “ happened in a few minutes after that she came  
 “ to herself; it was about ten at night that she  
 “ was delivered, and, till half past twelve, I ex-  
 “ pected that every moment would be her last;  
 “ for the flooding continued, notwithstanding  
 “ my utmost endeavours to restrain it: this was  
 “ a situation truly critical to my patient, and  
 “ alarming to myself; for, she was not only fre-  
 “ quently attended with faintings, but the pulse  
 “ became feeble and interrupted, and the extre-  
 “ mities were cold and livid; her belly was  
 “ kept in a state of compression by a swathe, and  
 “ the body in an horizontal position, with her  
 “ head reclining downwards; the windows and  
 “ doors of the room were opened; a bladder,  
 “ half-filled with cold water, was applied to the  
 “ *pubes* and *os externum*; compresses, dipped in  
 “ cold vinegar, were applied to the *abdomen*, and  
 “ renewed from time to time; still the languor  
 “ and

“ and faintness continued, but happily no con-  
 “ vulsions ensued: I had got down two or three  
 “ spoons-full of red wine and water cold, and  
 “ acidulated with lemon juice; the flooding, at  
 “ length, abated; she gradually came more and  
 “ more to herself, inasmuch, that she supped a  
 “ little weak broth; which, with other light  
 “ nourishment, was repeated at intervals, in such  
 “ quantities as her stomach would dispense with,  
 “ and she continued from one o’clock in the  
 “ morning till ten, without any more fainting; I  
 “ had never once quitted her in the whole time;  
 “ the flooding was stopped: and, for two days  
 “ after, I flattered myself, that, though weak  
 “ and low, she was rather in a convalescent  
 “ state; but now a *diarrhœa* suddenly super-  
 “ vened, and filled me with fresh apprehensions  
 “ for her safety; she had stools frequently, and  
 “ not less than five within the space of an hour;  
 “ they were frothy, bilious, and most intolerably  
 “ fetid; the skin was dry and hot, the pulse  
 “ weak and quick; a universal languor succeed-  
 “ ed, and she was attacked with a *subfultus*: her  
 “ life

“ life seemed again in the most imminent danger,  
 “ and her friends entertained not the least hopes of  
 “ her recovery: I gave her small doses of *ipeca-*  
 “ *cuanha* with *tinctura thebaica*, in proportion;  
 “ by which, the *diarrhœa* was, in a few hours,  
 “ palliated, and the stools became less frequent,  
 “ and more consistent; but the *subfultus* still con-  
 “ tinued, and she was not wholly free from it  
 “ till the sixth day after its attack: and she had  
 “ taken freely of a decoction of *Peruvian bark*,  
 “ every third or fourth hour, and *julepum e mos-*  
 “ *cho*, in the intermediate spaces; both these  
 “ medicines were of infinite service to her; and,  
 “ in many stages of puerperal complaints, I am  
 “ convinced, by experience, that we have not a  
 “ more efficacious and serviceable remedy in the  
 “ whole *materia medica*, than the *cortex*, pro-  
 “ perly prescribed. She made no water till the  
 “ third day after her delivery, and then passed it  
 “ with pain and heat: *gum arabic* was therefore  
 “ dissolved in water, and mixed with her common  
 “ drink; the lacerated parts of the *perinæum*  
 “ were easily healed, by carefully defending them  
 “ from

“ from excoriation, to which they were liable from  
 “ the *lochia*, stools and urine, and dressing them  
 “ twice a day with dry lint and emollient oint-  
 “ ment. Thus having done every thing in my  
 “ power to support her strength, and recover her  
 “ spirits; I have the peculiar satisfaction of in-  
 “ forming you, that she has recovered, to the  
 “ admiration of every one who knew her; and,  
 “ except a weakness in her nerves, to which  
 “ she is naturally disposed, is, at this time,  
 “ nearly as well as at any former period, prior  
 “ to her delivery.—It is now time to return to  
 “ the child: and, I must beg your pardon, for  
 “ not taking notice of it in its proper place;  
 “ but, the embarrassment I was reduced to, by  
 “ the deplorable state of its mother, engrossed  
 “ the whole of my attention, and prevented every  
 “ digression from the distressed object of my more  
 “ immediate care: when it was first born, it  
 “ could not be perceived to breathe; it was  
 “ black, and swelled in the face, and the  
 “ body livid; I ordered the head, breast, and  
 “ extremities, to be rubbed with warm flannels  
 “ dipped

“ dipped in a volatile liniment, and made no  
 “ ligature on the *funis*, that it might bleed : by  
 “ which means, in the space of five minutes, it  
 “ first began to gasp, gradually got strength,  
 “ cried, received a little manna dissolved in  
 “ warm water, recovered, and is now suckled by  
 “ another woman ; as it were improper to im-  
 “ pose that task on the mother, and, perhaps,  
 “ better for the child, that it should receive its  
 “ food from a more vigorous constitution. I  
 “ fear you will think me tedious ; therefore, shall  
 “ detain you no longer, than to add the sincere  
 “ attachment, with which, I am, &c.”

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## THE REPLY.

“ DEAR SIR,

“ **T**HE case inserted has been a  
 “ troublesome one : we may call it a strictly dif-  
 “ ficult

“ difficult and laborious labour indeed; and, I really  
 “ think, the method you took, was the best; as,  
 “ that of the crotchet is to be dreaded, and  
 “ should ever be the last: were objections to  
 “ be made to the case, I should think it my  
 “ duty to apprize you of them. Might objec-  
 “ tions be made, and the objectors and myself  
 “ were attending, and in your case, we should,  
 “ probably, have recourse to the very same me-  
 “ thod; so highly is it, at all times, to think,  
 “ speak, and act with candour. You can never be  
 “ too prolix, in the relation of facts; it is these,  
 “ without art or address, we want literally told,  
 “ as they happen. I am, very truly yours, &c.”

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IT may be observed as a general rule, that,  
 when the woman has been in labour an unusual  
 length of time; and, though the *os tinæ* is greatly  
 dilated, still the head of the child continues very  
 high up, it certainly will prove a difficult labour,  
 and so *vice versa*: it is also to be remarked, that  
 the forceps will be always found to succeed  
 best, after the woman has had one child.

CASE



## C A S E    L X V I I .

**T**HE *procidentia uteri*, is a disorder, which is found much more rarely to happen in the unimpregnated state, than otherwise; yet, a delicate conformation of the nerves, with a general relaxation of the habit, will sometimes conduce thereto: as, in a case, which fell immediately under my cognizance and care, in the month of MARCH, 1769. The subject, was a young woman, in the nineteenth year of her age; naturally predisposed to nervous complaints, just recovered from a fever, which had confined her to her bed for several days; and, upon catching fresh cold, by keeping her legs and feet too long immersed in water, a violent cough ensued; in a fit of which, she suddenly complained of something having fallen down within side her belly; great

great pain, and bearing down; which symptoms increasing, with every fresh fit of coughing, at length an entire suppression of urine supervened: the belly was so much distended, as to make a visible protuberance of the bladder; which, I feared, might be in danger of bursting, before the water could be drawn off: in this troublesome and dangerous state of the case, it was, with much difficulty of persuasion, that I could overcome the false delicacy of the patient, by representations of the risk she ran by delay, and the absolute necessity which appeared for examining the parts, and of drawing off the urine—by passing a finger up the *vagina*, I found the *procidencia uteri* complete; the *os tincae*, the presenting part, so low down as almost to appear without the *labia*; the parts were so irritable and inflamed, that she shrunk away with pain from the touch; she was hot, had a slight *tenesmus*, and some nausea: I therefore prescribed an anodyne emulsion; gentle laxatives; emollient fomentations; and emptied the *rectum* with a softening clyster: keeping her continually in an horizontal

horizontal position : after these means had been sufficiently tried, and more ease procured, I introduced the catheter, without any difficulty, and drew off a great quantity of water ; a recumbent posture was still directed, and the anodyne emulsion continued till the fourth day, when I conceived it right to attempt the reduction of the *uterus*, and placing the patient upon her knees and elbows, with her head downwards, my fingers being well anointed with pomatum, thoroughly effected that business ; Rest, a proper regimen, and posture, was still observed, and the free use of *oleum ricini*, with a few drops of *tinctura thebaica* at bed-time, palliated the cough, and prevented any uneasy constipation of the bowels, which, by bringing on straining stools, might otherwise have renewed the complaint ; every proper precaution being taken, and the habit, braced in due time, the patient entirely recovered, and has since remained free from the least relapse.

## C A S E LXVIII.

**I**N JULY 1770, a young woman, of a lax habit, about twelve or thirteen weeks advanced in her second pregnancy, after much trouble and vexation, on a sudden complained of a difficulty in making water and going to stool: this continued for two days, when a total stoppage of urine, tenesmus, vomiting, and bearing-down pains, resembling those of labour, came on. She had sought for no advice, and this was the fourth day since she had either passed a drop of urine, or gone to stool; her inclination to which had frequently brought on strainings, which consequently served to favour the descent of the *uterus*; which, upon examination, was found to form a large smooth tumor in the *vulva*, and was so tightly wedged into the *pelvis*, that I found

found it impossible to pass my finger, on any side, between the tumor and the surrounding parts. The swelling, in time of a pain, pushed forward, and felt not much unlike the head of a child, protruding with the labour pains. To remove every impediment, which might materially prevent and interrupt the reduction, was my first care ; I therefore ordered an embollient clyster of warm milk and water, with weak chamomile tea, and a proper quantity of olive oil, to be immediately given, that the *rectum* might be emptied of its contents ; but such was the pressure upon this bowel, that little or none of the clyster was thrown up, and it was with much difficulty that the pipe was introduced at all. Every medicine, which was drank, was immediately rejected, and the catheter, after repeated trials, I was obliged to lay by ; for, although it sometimes in part gained admission, no water was drawn off. I then had the patient placed on her knees and elbows, with her head reclining downwards, and an assistant to support it ; but all my attempts with my fingers in the *vagina*

and *rectum*, to assist in raising the descending tumor, were utterly ineffectual; another practitioner was called in, but our united endeavours were fruitless; the poor woman had most severe nausea and vomiting, became delirious, convulsed, and died in great agonies, in the morning of the sixth day, from the first accession of her complaints. In the 26th plate of Dr. HUNTER's gravid *uterus*, this disorder receives much useful illustration; and in the Medical Observations and Enquiries, we meet with *two* fatal instances, where the reduction of the *uterus*, as in the case above recited, could by no means be effected; in the first there was a rupture of the bladder: in the second case, which is an appendix to the first, and published by the ingenious and learned Dr. WILLIAM HUNTER, it was very extraordinary that, upon opening the body after the death of the unfortunate patient, that the *uterus* in that *retroverted* state, was grown so large, and thence so wedged in the *pelvis*, that it could not be taken out till the *symphysis*, of the *ossa pubis*, had been cut through, and the bones

bones considerably torn afunder, to enlarge the space within the bones of the *pelvis*, &c. &c. Dr. HUNTER recommends placing the woman on her knees and elbows, with her head downwards, and by introducing one hand up the *vagina*, attempting to draw it forwards at the same time, with two fingers of the other hand *in ano*, we endeavour to push up the *fundus uteri*: and farther tells us, that if this case is discovered soon after it happens, that it may be reduced by this method; but that when the *uterus* is *inverted*, it will always remain so, unless relieved before the *fatus* becomes so large, and the *uterus* so distended, as to lock itself up in the *pelvis*; at which time, and not before, the mother begins to feel exquisite torture. In the history of the first of these cases, it appeared from the general habit, and a previous *prolapsus vaginae*, that *relaxation* in general, and particularly of the *uterine* ligaments and appendages, was the grand pre-disposing cause of this misfortune; and that the catheter was constantly passed into the *urethra*, by feeling the end of the  
instru-

instrument, while in the *urethra*, and by repeatedly drawing off small quantities of urine, so that the *meatus* was clearly and distinctly felt under the *symphysis* of the *ossa pubis*, and the tumour in the *vagina*, though it considerably diminished its diameter, particularly in its inferior part, towards the *os externum*, did not in the least press upon the *urethra*, nor made any obstruction to the free and easy passage of the finger between that and the *pubis*; and consequently was no obstacle to the introduction of the catheter. This obstacle, the author observes, was much higher up, and always impassable at a certain point from the excessive and singular sort of pressure of the *uterus* and bladder upon each other, forcing the latter to become, as it were, pendulous over the *ossa pubis*, and to form an acute angle with the *urethra*, occasioning such an invincible obstruction, as, although it admitted a small quantity of urine, to insinuate itself into the catheter from above, it would by no means admit that instrument to pass it from below. If we appeal to our own experience and observation,



tion, continues our writer, and credit the assertions of the learned VAN SWIETEN (in his commentaries upon the *Aphorisms* of the illustrious BOERHAAVE,) and those of a celebrated DUTCH artist, whom he has quoted, we shall find that it has sometimes been extremely difficult when the *uterus* has been remarkably prominent and pendulous over the *ossa pubis*, to pass the catheter into the bladder from this *viscus*, forming an angle with its own neck; but, in the case which he had described; he observes, that the unnatural situation of the *uterus*, &c. and the most violent and singular kind of pressure, and the excessive constriction upon the bladder, all concurring, formed so acute an angle, as to render that operation impracticable. He supposes that a flexible catheter, or one of a particular construction, might have answered here; but, as he had not such an instrument, he confesses that he did not at that time think of it. Vide a very extraordinary account of a *prolapsus uteri* and *vesicæ*, in the third vol. of Medical Observations and Enquiries, by Dr. WHITE of MANCHESTER.

C A S E

## C A S E    L X I X .

**T**HE 29th of DECEMBER, 1777, I was called to a woman, who, a few hours before my arrival, had been taken in labour, and sent for a midwife, who found something protruded before the child's head, which she adjudged to be the navel-string, and desired my assistance. I had attended this woman in two preceding labours: she was of a very weakly habit; and, in her last labour, the womb, by the force of the pains, had descended into the *vagina*; but, by sustaining it with the pressure of my hand, when the pain was on, the parts became gradually dilated, and, in a little time the event was as favourable as I could wish. In the present case, not only the womb descended, as before, but the *vagina*

pro-

prolapsed by the force of the pains, and protruded considerably before the head of the child. This the midwife had mistaken for the *funis*; in the remission of pain I introduced my fingers, and replaced the *vagina*, but it prolapsed again with the next return of pain, and was reduced as before. The child was soon after delivered, and I had no farther trouble. This is a disorder which very seldom occurs: the prolapsion of the *uterus* at full time, is generally attributed to an extraordinary width of the *pelvis*; and that of the *vagina* to extreme weakness.

THE END OF THE FIRST VOLUME.

